

# MISSOURI

## STATE BOARD OF NURSING

### NEWSLETTER

*The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 97,000 to all RNs and LPNs*

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## Message From the President

### A Time of Changes

by Robin S. Vogt, PhD, RN, FNP-C  
Board President

Thanks to everyone for their enthusiasm about the Bioterrorism plan. It's good to know we have the support of so many of you. We will continue to develop this plan and keep you informed.

The Board is pleased to announce the appointment of Lori Scheidt, BS, as the Executive Director for the Missouri State Board of Nursing. Lori has been employed at the Board of Nursing since 1985 in a variety of roles, including Acting Executive Director for the past year.

Lori received her Associate degree from Columbia College and her Baccalaureate degree in Computer Information Management from William Woods University.

Lori has demonstrated leadership for the Board of Nursing office and has taken her skills and knowledge to the National Council of State Boards of Nursing where she has served on various committees and task forces for the National Council, including Liaison with National Council, Chauncey Group International & Sylvan Technology Centers. Lori was recently appointed as a member of the Nursys Advisory Panel for a one-year term. She has also served on the NCLEX Evaluation Task Force, Examination Committee and National Council's Test Service Technical Subcommittee. In 2001 she was honored with the Outstanding Contribution Award at the National Council of State Boards of Nursing Annual Meeting. In Missouri, she serves on the Division of Professional Registration's PROMO (licensing system) code table maintenance team.

Lori has proven herself to be a dedicated leader with insight of the future for nurses in Missouri. We want to thank each of the candidates who interviewed for this position for their interest. This year, Governor Holden signed into law a bill which allows the Executive Director



Vogt

position to be a non-nurse. The Board of Nursing was the only Board that required the Executive Director to be from the profession. Making this change allowed the Board to expand the search of the Executive Director beyond only nurses.

In 1909, when the Board of Nursing was set up, the requirement for the Executive Director to be a nurse was necessary because he/she was the only employee for the Board. As time has evolved and our numbers of nurses increased, the Board has increased staff as well. We have nurses in the key roles of Practice, Education, and Discipline. Any questions related to these areas are addressed by Professional Nurses. Lori has demonstrated collaboration with these key people in her leadership abilities and brings to the Board experience and knowledge to make the Board successful.

It is important to remember the Board of Nursing makes the decisions and the Executive Director implements the decisions made by the Board. The Board is comprised of nine members appointed by the Governor and approved by the Senate. Included are six Registered Nurses, two Licensed Practical Nurses, and one Public Member. The Board staff carries out the decisions made by the Board.

Please join us in welcoming Lori to the Executive Director position. If you have any questions or concerns, I'm sure she would be happy to address them.

Changes within the Board have also occurred. In this last quarter, two of our Board Members have left us. Dee Esry served as President for two years. She has inspired all of us and has been an effective leader representing all the nurses in Missouri. We will miss her knowledge, especially in the area of education. We want to wish her well in all her new endeavors.

Janet Anderson leaves us as well. Janet has served as Secretary for two years for the Board. Her insight in the area of Home Health has been valuable for the Board. We wish her well in anything she might strive to do. As people leave, new ones come on board and we are fortunate to be able to gain a fresh insight into areas Board Members have expertise in as well as develop new friendships. Thank you, Dee and Janet, for all your time and effort you gave to the Board of Nursing. You will be missed.

## "Nurses Making a Difference One Life at a Time"

### Army Nurse Corps

by Becki Hamilton

The 100th anniversary of the founding of the Army Nurse Corps was celebrated in February 2002. Looking back over the long history of the Corps brings to light the dedication and courage of these nurses truly "making a difference one life at a time."

The roots of the Army Nurse Corps go back to our first president. In 1775 General George Washington asked the Congress for "a matron to supervise the nurses, bedding, etc.," and for nurses "to attend the sick and obey the matron's orders." Although these women who tended the sick and wounded during the Revolutionary War were not nurses as known in the modern sense, they were the start of a long tradition of caring for the men of the armed forces.

The caring continued during the Civil War where many women served as nurses in the hospitals of both the Union and the Confederate Armies. Nearly 6,000 women served the federal forces alone. Many of the nurses were Catholic sisters of several religious orders. The work was largely limited to preparing diets, supervising the distribution of supplies and housekeeping details.

Authority to appoint women nurses under contract

began during the Spanish-American War. Dr. Anita Newcomb McGee, Vice President of the National Society of the Daughters of the American Revolution (DAR), was placed in charge of selecting graduate nurses for the Army. High standards were set for volunteer applicants. For the most part, only graduates certified by approval of nursing school directors were accepted for appointment under contract to the Army. Under the direction of Dr. McGee, DAR began acting as an application review board for military nursing services.

In 1898, the Surgeon General, George M. Sternberg, established a Nurse Corps Division in his office to direct and coordinate the efforts of military nursing. Dr. McGee was appointed Acting Assistant Surgeon and she immediately set about to make military nursing an attractive career. In the Surgeon General's 1899 report he said:

"American women may well feel proud of the record made by these nurses in 1898-99, for every medical officer with whom they served has testified to their intelligence, and skill, their earnestness, devotion and self-sacrifice."

*Nurse Corps cont. on pg. 3*

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The Honorable Bob Holden

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## Missouri Military Artist Honors the Army Nurse Corps

Missouri artist, Richard John Rezac, produced the painting entitled "Ready, Caring and Proud" for the 2001 celebration of the 100th Anniversary of the U.S. Army Nurse Corps. Convinced that something must be done to honor this incredible group of American Heroes, Mr. Rezac, with the help of Major Debora Cox, the Army Nurse Corps Historian and her wonderful assistant "Colonel" Betty, started researching photographs spanning 100 years of Nurse Corps history. The resulting painting accomplishes Mr. Rezac's objective to show vibrant, young, giving heroes.



The background of the painting is a golden sunrise symbolizing New Hope and Health. There were five flags for the nation in this one hundred-year period. The figures represent the strength, courage, pride, beauty and diversity of this nation's Army Nurse Corps. The uniforms shown range from 1901 to the first official dress uniform of WW1 to the combat field dress of each conflict in the 100-year period. The conflicts depicted are WWI, WWII, (Pacific and European Theaters), Korea, Vietnam, Gulf War and today. A veritable Hercules represents the first male nurse in the Vietnam Conflict. The last nurse on the right is Colonel Patricia Ann DeMeglio (1953-2001).

The painting has moved many current and former Army Nurses and individuals that have had their lives touched by an Army Nurse. "It is a wonderful feeling" Rezac says, "to know that you have spoken to someone's heart with your work".

If you would like to view more of Richard Rezac's painting and prints, visit his Web site at <http://www.militaryartwork.com>.

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### IMPORTANT TELEPHONE NUMBERS

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

Nurse Corps cont. from pg. 1

At the request of the Surgeon General, Dr. McGee wrote a bill to establish a permanent Nurse Corps (female). Her bill became Section 19 of the Army Reorganization Act of 1901 and Dr. McGee became known as the "Founder of the Army Nurse Corps." The law directed the Surgeon General to maintain a list of qualified nurses who were willing to serve in an emergency. The number of "charter" members of the Nurse Corps was 202.

When the United States entered World War I, there were 403 nurses on active duty. By Armistice Day the peak strength reached 21,480. More than ten thousand nurses had served overseas assigned to casualty clearing stations and surgical teams in field hospitals as well as to mobile, evacuation, base, camp and convalescent hospitals and serving on hospital trains and transport ships.

In 1918, the Nurse Corps (female) was redesignated the Army Nurse Corps (ANC) by the Army Reorganization Act of 1918. This act restricted appointments to women nurses.

Army nurses continued to "make a difference" during World War II where more than 1,600 nurses were decorated for meritorious service and bravery under fire. Army nurses served at station and general hospitals through the continental United States. Overseas, they were assigned to hospital ships, flying ambulances, and hospital trains; to clearing stations; and to field, evacuation and general hospitals. They traveled in close support of the fighting men, endured relentless bombing and strafing on land, torpedoing at sea, and antiaircraft fire while evacuating the wounded by air. In Europe, during the major battle offensives, Army nurses assisted in developing the concept of recovery wards for immediate postoperative nursing care of patients. The flight nurses helped to establish the incredible record of only five deaths in flight per 100,000 patients transported.

Lt. Frances Y. Slanger, in her tent in Belgium, was one of the Army nurses who signed a letter written to Stars and Stripes:

"Sure we rough it. But compared with the way you men are taking it we can't complain, nor do we feel that bouquets are due us...it is to you we doff our helmets. To every G.I. wearing the American uniform-for you we have the greatest admiration and respect."

Seventeen days later, on October 21, 1944, Lieutenant Slanger died of wounds caused by the shelling of her tented hospital area. Through the same newspaper, hundreds of soldiers replied:

"To all Army nurses overseas: We men were not given the choice of working in the battlefield or the home front. We cannot take any credit for being here. We are here because we have to be. You are here because you felt you were needed. So, when an injured man opens his eyes to see one of you...concerned with his welfare, he can't but be overcome by the very thought that you are doing it because you want to...you endure whatever hardships you must to be where you can do us the most good."

The Korean conflict was another arena where the Army nurses "made a difference." Major General Edgard Erskine Hume, Surgeon, United Nations Command and Far East Command, paid tribute to the Army Nurses in Korea:

"Members of the Army Nurse Corps have all distinguished themselves by their devotion to duty, their utter disregard of working hours, and their willingness to do anything that needs to be done at any time. They have displayed courage, stamina and determination. They have completed every task with which they have been confronted in a superior manner."

In 1955, Public Law 294, 84th Congress authorized commissions for male nurses in the U.S. Army Reserve for assignment to the Army Nurse Corps Branch. Lieutenant Edward L.T. Lyon, a nurse anesthetist from Kings Park, N.Y., was the first man to receive a commission in the Army Nurse Corps.

During the eleven-year period between March 1962 and March 1973, peak strength in South Vietnam reached over 900 Army Nurse Corps officers in 1969. Over 5,000 Army nurses served in Vietnam. Nine Army nurses died while serving in Vietnam. Instances of heroism were commonplace. One example was First Lieutenant Diane M Lindsay. In July 1970, while on duty at the 95th Evacuation Hospital in Da Nang, Lindsay controlled a crazed soldier intent on detonating a grenade within the hospital compound. For her valor in preventing inevitable and extensive loss of life and limb, Lindsay became the first African-American woman to be recognized with the Soldier's Medal. Another example, Captain Gus N. Alexander Jr., served as a regional nurse advisor in the Military Provincial Hospital Augmentation Program. As a consultant to a number of Vietnamese hos-

pitals, Alexander's constraints included primitive physical facilities, meager supplies and equipment, insufficient staff, an uncooperative hierarchy, cultural and language barriers and archaic professional practice. In spite of these impediments, Alexander's efforts resulted in much-needed improvements in the practices of the Vietnamese nurses.

Army nurses continue to serve today. As they prepare to enter their second century we must thank these Army nurses mentioned, and the countless other unsung Army Nurse Corps women and men, who have proven their mettle by exceeding the parameters that delineate heroism. They have striven relentlessly to reach their goals, often in the face of strong resistance. We can be sure that they will continue the Army Nurse Corps' heroic tradition, their compassionate care to our soldiers and their families and "making a difference, one life at a time".

'This article is based on excerpts adapted from the following sources:Feller, Carolyn M, Lieutenant Colonel, AN, USAR & Cox, Debora R., Major, AN (2001) "Highlights in the History of Army Nurse Corps: Chronology" [Electronic Version] *US Army Center of Military History*, Washington DC  
*Army Magazine*, Sarnecky, Mary T Colonel, USA, Ret. & Cox, Debora R, Major ( February 2001) "1901-201: A Century of Heroism", [Electronic Version] Copyright 2002 by the Association of the U.S. Army. Excerpts reproduced by permission.



# Missouri State Board of Nursing Legislative Requests

by Lori Scheidt, BS  
Executive Director

The 2003 legislative session will begin in January. The Missouri State Board of Nursing has requested permission from the Department of Economic Development to pursue five different pieces of legislation during the 2003 session. They are: the Nurse Licensure Compact, injunctive authority, advanced practice registered nurse, bioterrorism preparedness and denial/discipline causes.

### Nurse Licensure Compact

The Board's last newsletter featured an article on the Nurse Licensure Compact. The compact is the license model similar to driver's license model where a nurse would be required to have a license in the state of residence and be allowed to practice in any state that is part of the compact. As the regulatory expert, the Missouri State Board of Nursing believes the Nurse Licensure Compact would benefit licensees, employers and consumers. The following are some key reasons why the Board of Nursing supports the Nurse Licensure Compact.



Scheidt

- The current regulatory model produces both a monetary and regulatory burden for the nurse. The Nurse Licensure Compact removes some of the licensure-related obstacles to assuring accessible, quality, cost-effective health care to rural and under-served populations.
- Institutions that deliver health care would be helped, in that their nursing workforce would be more mobile and a centralized database will provide access for one-source verification of a nurse's qualifications for practice. This would prove beneficial in the event of a terrorist attack where mobilization of health professionals would be critical to ensuring the health and safety of the public.
- New technologies are allowing nurses to increasingly practice across state lines and they may not have a license in our state. Therefore, if a patient is harmed, the Board of Nursing currently has no jurisdiction to take action on that nurse.
- The Nurse Licensure Compact increases access to care through authorizing nurses to practice throughout the United States' jurisdictions.
- The Nurse Licensure Compact promotes safe practice through an expeditious discipline process, while ensuring protection of due process for all parties.

### Injunctive Authority

The injunctive authority language would allow the Board to request an injunction, restraining order or other order as may be appropriate to enjoin a person from practicing nursing.

On occasion an individual or licensee engages in conduct, such as unlicensed practice or a serious criminal offense, that presents an immediate risk to public health and safety. The Board would like to have injunctive authority in order to be able to take quick action to stop the conduct and protect the public. Without injunctive authority, the Board has to rely on the Attorney General's office to proceed against the individual or licensee based on the Attorney General's authority. A recent example was a St. Louis nurse who was arrested earlier this year and charged with first degree murder. The Board needs the authority to proceed against the licensee in a timely manner. The majority of professional registration boards have injunctive authority.

### Advanced Practice Registered Nurse (APRN) Language

- The advanced practice registered nurse language:
- revises Section 335.016, the definition of Advanced Practice Nurse;
  - adds one new section, 335.048, definition of Advanced Practice Registered Nurse;
  - defines lapsed license status;
  - allows the nurse to have one license with one renewal date rather than two licenses with two

- separate expiration dates;
- revises 335.017 IV therapy language to represent current terminology;
- revises 335.049 exemption for those already recognized; and,
- adds APRN title designation and protection.

A frequent complaint we receive from current advanced practice nurses is the requirement to renew their RN license by April 30 of every odd-numbered year and renew their advanced practice nurse recognition prior to varied expiration dates throughout the year as dictated by national certification expiration dates. Advanced practice nurses would prefer to have one license with one expiration date thereby reducing the regulatory burden and the potential for a licensee to practice with a lapsed license. The Board of Nursing's proposal would require an advanced practice registered nurse (APRN) to have one license with one expiration date rather than two licenses with two separate expiration dates, which will improve regulatory efficiency and eliminate confusion.

On August 12, 2000, National Council of State Boards of nursing adopted a model for uniform advanced practice nurse regulations. Fifty Boards of Nursing have language that addresses advanced nursing practice. In the models, APRN is the abbreviation for Advanced Practice Registered Nurse, an umbrella classification for the purpose of regulation. Individuals are licensed as Advanced Practice Registered Nurses in the categories of nurse practitioner, nurse anesthetist, nurse-midwife and clinical nurse specialist. This statute change will allow for a category called Advanced Practice Registered Nurse (APRN) and thereby reduce confusion to the nurse and the public as to whom may or may not call themselves an advanced practice nurse.

The statute change would mirror the model for uniform advanced practice nurse regulations by requiring national certification of all APRNs after December 31, 2005, thereby allowing currently recognized APRNs without national certification time to prepare and take an appropriate certification exam.

The language would also allow APRNs to receive a temporary APRN permit so care is not detained while awaiting a permanent license and clarifies the definition and title of an advanced practice nurse and the Board's rule making authority.

The Board of Nursing believes these changes are necessary because the current statute is confusing, does not indicate that an advanced practice registered nurse must be a registered nurse (RN) and does not include a title of an advanced practice registered nurse (APRN) even though the Board of Nursing recognizes advanced practice registered nurses. The existing statute also conflicts with language in other states.

For consumers, this change:

- preserves access to an important health care alternative;
- maintains consistent minimum qualifications and standards for practice;
- determines who meets those qualifications; and
- improves ability to make an informed selection of health care providers.

For advanced practice nurses, this change:

- provides unequivocal legal authority for practice;
- enhances mobility;
- protects from unqualified use of APN category title; and
- preserves reimbursement eligibility.

### Bioterrorism Preparedness Language

The proposed bioterrorism language would allow the Missouri State Board of Nursing to designate who has specialized training/education/skills in bio-chemical terrorism training in the event of an attack and to provide a list of those professionals for mobilization purposes.

When tragedy struck on September 11, hundreds of health care professionals volunteered, however, there was no way to determine who was qualified to provide care.

Currently we could provide a list of nurses for mobilization purposes, however, the list would only contain name, address, license type and license status. We do not currently have multiple contact information, specialized training information and a volunteer list.

Developing core minimum standards would assure everyone that the same knowledge could be assumed by all those taking the approved courses.

### Denial/Discipline Causes

Chapter 335.066, RSMo, lists the potential causes (reasons) for license discipline or license denial. We are proposing to add one more denial/discipline cause to the statute.

The actual language would be the following.

335.066.2

*(16) Entry into a diversion program pursuant to the laws of any state or of the United States for chemical or alcohol treatment upon grounds for which discipline is authorized in this state or resulting from an arrest where charges are deferred while the individual participates in the diversion program for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to sections 335.011 to 335.096, for any offense an essential element of which is fraud, dishonesty, or an act of violence, or for any offense involving moral turpitude.*

There are two types of drug court programs (pre-plea program and post-plea program). For the Board's purposes, the primary difference between pre-plea and post-plea programs is whether the defendant has to plead guilty to an offense before entering the treatment program. If the defendant enters a plea of guilty to an offense as a condition of participating in the program, that guilty plea can be used as a cause for discipline under § 335.066.2(2), RSMo. However, with a pre-plea program there is no guilty plea so there is no direct cause for discipline; rather, the Board is required to prove the underlying conduct that results in drug court participation. Obviously, depending on the circumstances, it may be very difficult to establish the underlying conduct. Therefore, the proposed statutory change would incorporate pre-plea drug court programs into the Nursing Practice Act. This language is intended to encompass both pre-plea drug court programs and diversion agreements in lieu of discipline offered by other boards of nursing.

Drug court programs are becoming a more frequent sentence. In order to protect the public by only licensing qualified individuals, the board needs the ability to scrutinize applications for a license where the underlying conduct may be a cause for concern.

Furthermore, this addition would allow the Board to treat all licensees with chemical and/or alcohol problems consistently.

### Next Steps

The Board of Nursing has submitted their legislative proposals to the Department of Economic Development. If the Department grants permission to proceed, the Board of Nursing will work with the Division of Professional Registration and Department of Economic Development to find sponsors for the proposed bills.

# Message from Division Director

by Marilyn Taylor Williams  
Division Director

My office has been working diligently, through team input and much planning, to develop an optical imaging system that will meet the needs of the Division. I'm glad to report that we have implemented the new optical imaging system. The boards have been trained on how to use the system. They have the ability to scan daily mail received or other paper files and documents maintained in the board office. The boards will each determine what documents are to be scanned.



Williams

I am also pleased to report that the 2002 Board Member Orientation and Update, which was held September 26 and 27, was a great success. Many areas of interest were covered during the meetings, with positive comments from those present. We had approximately 40 individuals attend the September 26 session and 60 attend the September 27 session.

Please stay tuned as we continue to improve the services provided by the Division.  
Yours truly,  
Marilyn Taylor Williams  
Division Director

# Changes on the Board of Nursing

## Appointment

We are pleased to announce the appointment of Janet Vanderpool, RN, BSN, MSN to the Board of Nursing. Janet was appointed to the Board by Governor Bob Holden on July 31, 2002. She received her Associate of Applied Science Degree in Nursing from Trenton Junior College (North Central Missouri College), a Bachelor of Science Degree in Nursing from Northwest State University and a Master's Degree in Nursing from the University of Phoenix.

Janet has worked as a Registered Nurse in rural North Central Missouri for several years and in many capacities including OB, ER, Med-Surg, CCU, and Home Health. She has firsthand knowledge of the challenges of providing nursing care in a rural health care setting. For several years she worked in a hospital that once served as a governor's home. For the past 14 years Janet has worked in nursing education. Starting as a Practical Nursing Instructor, she currently holds the position of Associate Dean of Allied Health Sciences at North Central Missouri.

Janet lives in Princeton, Missouri with her husband Gary. They have one child, Clint. She plays the piano, enjoys reading, and loves to garden.

## Departing Members

We would like to express our sincere appreciation to the following outgoing Board members: Cordelia "Dee" Esry and Janet Anderson. Each has contributed much time and energy to matters of the Board. When asked to comment about their time spent as Board members, Dee Esry said, "Appointment to the MSBN was a highlight in my career as I was familiar with the Board and its activities and responsibilities but had never been a member. Membership, in contrast to observer, in anything, certainly changes the perspectives of the participant." Dee urges all licensed nurses to "take an interest in the functions of the MSBN, to be a part of the decision-making when appropriate and to assist the Board in shaping policy." She suggests learning how "you, as a citizen, can sponsor legislation, contact your legislator or lobby for the profession". Dee concluded her comments by describing the MSBN staff as "a very dedicated, hardworking group of people who are there every day to assist any and all of the licensed nurses in this state." Dee stated, "It was a pleasure to serve



Vanderpool

on the MSBN and lots of hard work but worth every minute of it."

Janet's response was: "My first experience with the Missouri State Board of Nursing was attending a disciplinary hearing while I was nursing student. I still remember the young girl defending her actions that had led to the complaint against her license. Although this experience gave me an appreciation for one role of the MSBN, I had no idea of the extent to which the board functioned." During her appointment on the board, she served on all committees. Janet said, "One of my earliest learning experiences was an appreciation for the committee roles and the enormous task of each. The majority of the work of the board is accomplished in committee and I believe that the recommendations of each committee represent the full board well. The work of the Discipline committee was undoubtedly the biggest eye-opener if only to see how broad the scope of nursing is and how patient safety can be so easily compromised by the lack of nursing knowledge, competency or ethics. Although it may appear by the lists of disciplined licenses in the quarterly newsletter that the nursing profession is at risk, the number of complaints against licensees is a very small representation of the whole." Janet continued, "There is no board experience that I value more than the opportunity of working with other board appointees. Over my 4-year appointment I worked with ten peers of whom I have the greatest respect. Missouri nurses should be proud of their board representation. The full board represents a cross section of education and experience backgrounds. All board members truly had the best interest of their profession at heart." Her final comment was: "I am thankful to my employer, Hedrick Medical Center, for the support given to me while working on the board and hope that other health care providers or educational institutions do the same. I will miss my work on the board and wish my replacement the best of luck."

Both of these dedicated professionals will truly be missed. The Board of Nursing members and staff extend wishes of success to Dee and Janet in all of their future endeavors.

## Board Member Receives Distinguished Alumni Award

Board President, Robin Vogt, Ph.D., RN, FNP-C, recently was honored by Burge School/Cox College Alumni Association as the recipient of the 2002 Distinguished Alumni Award. The Distinguished Alumni Award is awarded to alumni who have made significant contributions to the field of health care. Dr. Vogt received the award for distinguished service in public and community services. She is currently a Family Nurse Practitioner at Royal Oaks Hospital in Windsor, Mo. Join us in congratulating Robin on this well deserved honor.



Vogt

## March 2003 Nursing Summit

The Missouri Nursing Coalition will host their 10th Annual Nursing Summit on March 12, 2003 at Tan-Tar-A Resort in Osage Beach, Missouri. The Coalition is in the final phase of planning this exciting program that will help you go beyond the quick fix in recruiting and retaining nurses.

Keynote speaker, Mark Darby, RN, will help fellow nurses look at themselves in a new way. His keynote address, *Ten Things Nurses Do to Stab Themselves in the Back*, was designed specifically for nurses by nurses. Mark will answer questions like "Do nurses really eat their young?" More importantly, he helps nurses learn how to stop doing it. Through story, laughter, and reflections on the importance of nursing, Mark teaches nurses to reclaim the power and effectiveness that is in each nurse. You can learn more about Mark Darby at [www.mdarby.com](http://www.mdarby.com).

The summit will also feature a panel of nurse leaders from across the state that will share success stories in creating positive work environments. You will be given an opportunity to ask them questions and network with other nurses to gain ideas that you can use at your facility.

Don't miss this opportunity to gain a fresh approach to nursing. Registration forms will be mailed in early January. To ensure receipt of a brochure, contact the Missouri League for Nursing at [mln@monursing.org](mailto:mln@monursing.org) or phone (573) 635-5355.

*The Missouri Nursing Coalition is represented by the Missouri League for Nursing, the Missouri Nurses Association, the Missouri State Association of LPNs, the Missouri Organization of Nurse Executives, and the Missouri Board of Nursing.*

# Discipline Corner

by Liz Cardwell, MEd, RN  
Discipline Administrator

**Missouri State Board of Nursing  
Discipline Committee Members:**  
Charlotte York, LPN, Chair  
Paul Lineberry, PhD  
Arthur Bante, BSA, RN, CRNA  
Kay Thurston, ADN, RN  
Janet Vanderpool, MSN, RN



Cardwell

### Disciplinary Actions Revisited

In 1999, I wrote an article which addressed the different types of disciplinary action available to the Board to utilize in the discipline of an individual's nursing license. This article is a re-visit to refresh the reader's memory and informational to those who did not read the 1999 information.

I continue to receive calls from licensees and employers asking questions relative to the disciplinary action of **censure**. The two most frequently asked questions are what is a censure and can the licensee be employed as a nurse if there has been a censure?

The least restrictive disciplinary action that the Board can place on the license of a licensed nurse is a censure.

A censure is a single disciplinary action in the form of a legal document which provides the facts of the licensee's behavior relative to the portion of The Nursing Practice Act that was violated. This legal document is public information, the contents of which can be shared with any individual or entity that makes an inquiry. A censure remains indefinitely in a licensee's file but there is no continued monitoring or requirements for the licensee to meet.

A licensee whose nursing license has been censured and is current and active may practice nursing. Even though

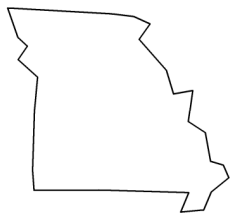
there is no continuous monitoring or required cessation of practice, the disciplinary action of censure is a serious event that is public information and becomes a permanent part of the licensee's record.

The Board may also place a license on a period of **probation**, not to exceed five years by statute. During the period of probation, requirements are identified which the licensee must abide by during the period of probation. Requirements may include but are not limited to the following: meetings with the Board or a member of the Board office professional staff; employer evaluations; chemical dependency evaluation and continued treatment if recommended by the evaluating provider; mental health evaluation and continued treatment if recommended by the evaluating provider; probation and parole compliance reports; urine drug screen results; and/or obtaining and submitting continuing education hours. Generally probation terms do not include all of these requirements. The requirements are based on the licensee's actions that led to the disciplinary action. For example, if a practice issue is the cause for discipline, it is easy to see that continuing education in the problem area would be essential.

**Suspension** is another disciplinary action available for the Board to utilize in the discipline of a nursing license. By statute, the period of suspension can be no longer than three years. Generally, if the Board determines that the license is to be suspended, the suspension is followed by a period of probation.

During a period of suspension, the licensee may not practice or title as a nurse and must return his or her license and wall hanging to the Board office for the period of suspension. The requirements discussed in the previous paragraph may be in effect during the period of suspension and the following probation.

**Revocation** is the fourth type of disciplinary action. A revocation means the ability for the nurse to practice nursing is removed. Our statute states that an individual whose license has been revoked may reapply as a new applicant after one year has elapsed since the effective date of the revocation.



# Licensure Corner

by Lori Scheidt, BS  
Executive Director

**Missouri State Board of Nursing Licensure Committee Members:**

- Teri A Murray, PhD, RN
- Janet Vanderpool, MSN, RN
- Robin Vogt, PhD, RN, FNP-C
- Charlotte York, LPN

**Current RN licenses expire April 30, 2003.** The license renewal fee will be \$80, a \$20 decrease from the last renewal cycle. Renewal notices will be mailed in January 2003. Prepare now by making sure the Missouri State Board of Nursing has your current name and address. Our office is staffed Monday through Friday from 8:00 AM to 5:00 PM, excluding state holidays. You may also reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at [nursing@mail.state.mo.us](mailto:nursing@mail.state.mo.us)

**VERIFY LICENSES AND CURRENT DISCIPLINE ONLINE**

You can verify a nursing license at [www.ecodev.state.mo.us/pr](http://www.ecodev.state.mo.us/pr). Click on LICENSEE SEARCH. You can search by name or license number. The search results will show the licensee’s name, city, state, original issue date, expiration date and whether there is any discipline currently on the license.

**REQUIREMENTS FOR LICENSURE RULE CHANGED**

The Missouri State Board of Nursing amended the requirements for licensure rule, **4 CSR 200-4.020**. The board deleted section (7) of the rule in order to discontinue accepting the Canadian nurse licensure examination. The Board based this decision on a report by the National Council of State Boards of Nursing, which indicated that the Canadian nurse licensure examination (CNATS or CRNE) is not a suitable entry-level licensure examination. This rule will be effective December 30, 2002. After



Scheidt

December 30, 2002, a Canadian licensed nurse will have to take and pass the NCLEX® examination.

**Commonly Asked Licensure Questions  
Where do I call to verify a Certified Nurse Assistant (CNA) or Certified Medical Technician (CMT)?**

Contact the Department of Health and Senior Services at (573) 526-5686.

**Where do I call to verify an Emergency Medical Technician (EMT)?**

Contact the Bureau of Emergency Medical Services at (573) 751-6356.

**What is the process for the Board to endorse my license to another state?**

You must contact the state board of nursing where you want a license and request an application for licensure. Contact information for boards of nursing can be found at [http://www.ncsbn.org/public/regulation/boards\\_of\\_nursing\\_board.htm](http://www.ncsbn.org/public/regulation/boards_of_nursing_board.htm). At the time you apply for licensure in another state, that Board will give you a Nursys verification or you can download the form from <http://www.ncsbn.org/public/regulation/res/verification.pdf>. Complete your part of the form and send it to the address indicated on the form **with a \$30 money order**.

**VERIFICATION OF A LICENSE**

You can verify licenses online at [www.ecodev.state.mo.us/pr](http://www.ecodev.state.mo.us/pr). Click on LICENSEE SEARCH. You can search by name or license number. The search results will display the licensee’s name, city, state, license number, original license issue date and license expiration date.

If you have a list of nurse licenses that you would like verified, you can send the list to our office electronically. We will match the list with our database and send the results back you electronically. Your list needs to be an Excel document or a text file (tab or comma delimited). It should contain the nurse’s name and license number. E-mail the list to [nursing@mail.state.mo.us](mailto:nursing@mail.state.mo.us).

In order to verify licensure, ask to see an original current Missouri license or temporary permit before the employee reports to orientation. A temporary permit will

have a raised Board seal. A license will have the expiration date, profession and license number. The license number could be the profession code (RN or PN) followed by a 6-digit number or a 10-digit number, which consists of the year of license followed by a 6-digit number. Example of a 6-digit license number could be RN060619. An example for the 10-digit license number is 2000134178. When requesting verification from our office, you must provide the complete license number, which includes the year of license.

The name, address and licensure status of all currently licensed nurses is public information. If you have any questions, please call the Board office or use the web to verify credentials **before hiring**. Our office is staffed Monday through Friday from 8:00 AM to 5:00 PM, excluding state holidays. You may also reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at [nursing@mail.state.mo.us](mailto:nursing@mail.state.mo.us)
- Online Licensee Search at [www.ecodev.state.mo.us/pr](http://www.ecodev.state.mo.us/pr)



**Graduate Nurse Practice**

**The Rule**

State Regulation 4 CSR 200-4.020 (3) reads: "A graduate of a nursing program may practice as a graduate nurse until s/he has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs."

Missouri does not issue a graduate temporary permit, however, if the individual qualifies s/he may practice as a graduate nurse under 4 CSR 200-4.020 (3).

The graduate must cease practice as soon as s/he fails the exam or 90 days after graduation, whichever is first.

*Licensure cont. on pg. 9*



Licensure cont. from pg. 8

We recommend that you have the graduate sign an *Authorization to Release Confidential Information* form so we may provide you with periodic updates on the person’s exam and licensure information. A sample authorization form is included with this article.

After the Examination

Graduates applying for an original license by exam in Missouri will be licensed automatically upon receipt of passing results provided all other licensure requirements are met. When results are received, the successful candidate will be sent the results and a "pass" letter authorizing the person to practice until the license is received.

There is a thirty (30)-day grace period for graduates, who have successfully passed the first available licensing examination in another state following graduation, to obtain a temporary permit or license in Missouri after the graduate has received his/her results. Graduates applying for endorsement to Missouri should begin the Missouri licensure process immediately following graduation. As soon as the graduate receives passing results, the graduate should forward a copy of the results to our office so we can issue a temporary permit. A temporary permit cannot be issued until another state has issued the applicant the authority to practice in that state.

About Orientation

Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 200-4.020 (3).

Proper Supervision

According to 4 CSR 200-5.010 (1), proper supervision is defined as, "the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluation."

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

(Print Legibly in Black Ink)

I, \_\_\_\_\_, hereby authorize the MISSOURI STATE BOARD OF NURSING to release any and all information regarding my licensure and exam application status as a Licensed Practical Nurse/Registered Professional Nurse to my employer, \_\_\_\_\_, and/or their representatives.

This release authorizes the Missouri State Board of Nursing to release the following information: my name, address, nursing school name, graduation date, eligibility status, test appointment date, date exam was taken, whether or not I took the exam and my exam results.

A copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant’s Signature

\_\_\_\_\_

Applicant’s Printed Name

\_\_\_\_\_

Applicant’s Social Security Number

Fax to the Missouri State Board of Nursing at (573) 751-6745

# Practice Corner

by Rita Tadych, PhD, RN  
Practice Administrator

## Missouri State Board of Nursing Practice Committee Members:

Arthur Bante, BSA, RN, CRNA  
Kay Thurston, ADN, RN, Chair  
Robin Vogt, PhD, RN, FNP-C  
Charlotte York, LPN



Tadych

### FREQUENTLY ASKED QUESTIONS

When a statutory reference is made in the response to a question, you may go to the following Web site to review the particular statute:

[www.moga.state.mo.us/homestat.asp](http://www.moga.state.mo.us/homestat.asp) When a rule/regulation reference is made in the response to a question, you may go to the following Web site to review the particular rule/regulation: [www.sos.state.mo.us/adrules/csr/csr.asp](http://www.sos.state.mo.us/adrules/csr/csr.asp)

**Q: My health care provider employer has placed a title that includes the word, nurse, on the nametag of an individual who completed a medical assistant educational program and does not have a nursing license. Are there any laws that prohibit this?**

**A:** The following statutory references should be of assistance if you address the matter of unlicensed assistive personnel using the word, nurse, in reference to themselves or being assigned a title that includes the word, nurse, on their nametag:

- 335.076 Titles, R.N. and L.P.N., who may use.
- 335.086 Use of fraudulent credentials prohibited.
- 335.096 Penalty for violation.
- 556.016 Classes of crimes.
- 557.021 Classification of offenses outside this code.

**Q: Our entity is trying to clarify whom, including minors, has the authority to sign for their own health care/treatment? Are there any laws that would assist us?**

**A:** There are several statutory provisions in Chapter 431 (Contracts and Contractual Relations) that may assist you. For example, there are specific provisions concerning minors and obtaining medical care in:

- 431.055 Persons competent to contract when eighteen years of age.
- 431.056 Minor’s ability to contract for certain purposes—conditions.
- 431.058 Consent to immunization of child, who may give, when—definitions—reliance by health care provider—limitations on liability, when.
- 431.061 Consent to surgical or medical treatment, who may give, when.
- 431.062 Minor cannot disaffirm contract, when—parents or guardian not liable, exception—disclosure by physician authorized, when.
- 431.063 Implied consent, when valid—lack of consent, when excused—emergency defined.
- 431.065 Minor spouse or parent may give consent, when.

**Q: I am an elementary and secondary school nurse who is occasionally asked questions about tattooing, branding, and body piercing by students. Besides discussing health care concerns, they want to know if they can get any of these things done on their own and who is considered qualified to perform them. What can I review to be able to respond appropriately?**

**A:** Statutory provisions related to tattooing, branding, and body piercing may be found in:

- 324.520 Definitions—tattooing, branding, body piercing, prohibited, when, penalty.
- 324.522 Licensing required, when—rule making authority.

Since a license is required to perform tattooing, branding, and body piercing, you will also want to review this regulatory body’s Web site, which can be accessed at: [www.ded.state.mo.us/regulatorylicensing/professionalregistration](http://www.ded.state.mo.us/regulatorylicensing/professionalregistration) Click on the Regulated Professions button at left on screen and scroll down the list to this regulatory body.

**Q: Where is the Good Samaritan law?**

**A:** The statute is 537.037 Emergency care, no civil liability, exceptions.

**Q: From time to time in my nursing practice, I am involved with patients who have a legal guardian. Where is this covered in the law?**

**A:** The statutes that cover guardianship can be found in Chapter 475 (Probate Code—Guardianship).

**Q: I am a licensed nurse and have been diagnosed with Hepatitis. Whom can I contact for educational information and guidance?**

**A:** There are provisions in Chapter 191 (Health and Welfare), Chapter 192 (Department of Health), and Chapter 292 (Health and Safety of Employees) that pertain to Hepatitis B and C. Section 191.700 RSMo discusses procedures for voluntary and confidential evaluation of infected professionals who perform invasive procedures. Sections 192.031, 192.033, and 192.036 RSMo are specific to Hepatitis C education programs. You may reach the Department of Health and Senior Services at 573-751-6400.

**Q: I am a licensed practical nurse who is not IV certified and need clarification on what my legally authorized scope of practice is when dealing with patients receiving intravenous fluid treatments.**

**A:** According to the regulation, 4 CSR 200-6.010 Intravenous Fluid Treatment Administration, you may perform the acts identified in Section (3) only, assuming you have the requisite knowledge, education, skills, training, experience, and judgement to perform the acts and have been delegated and supervised by a RN to carry out the specified acts [see also Section (2)]. You may review the regulation, 4 CSR 200-6.010, at the Board of Nursing Web site listed below. Go to the NURSING PRACTICE ACT button, click on rules/regulations, and then scroll to the regulation number given above. Should you want to become IV certified, please review the IV THERAPY PROGRAMS button at the Board of Nursing’s Web site: [www.ded.state.mo.us/regulatorylicensing/professionalregistration/nursing](http://www.ded.state.mo.us/regulatorylicensing/professionalregistration/nursing). You will find a listing there of Missouri

State Board of Nursing-approved programs.

**Q: I am a licensed practical nurse who is IV certified and need clarification on what my legally authorized scope of practice is with peripheral and central venous lines and intravenous medication administration.**

**A:** You will need to carefully review the provisions of sections (1) through (6) of the regulation, 4 CSR 200-6.010 Intravenous Fluid Treatment Administration. You may review the regulation, 4 CSR 200-6.010, at the Board of Nursing Web site: [www.ded.state.mo.us/regulatorylicensing/professionalregistration/nursing](http://www.ded.state.mo.us/regulatorylicensing/professionalregistration/nursing) Go to the NURSING PRACTICE ACT button, click on rules/regulations, and then scroll to the regulation number given above.

**Q: I am a licensed nurse and am thinking about doing massage therapy. Can I call myself a massage therapist and perform massage therapy under my nursing license?**

**A:** No. In order to use the title, massage therapist, and perform massage therapy, you will need to be licensed as a massage therapist by the Board of Therapeutic Massage. Statutes related to massage therapy begin at section 324.240 RSMo. Other regulatory information may be found at: [www.ded.state.mo.us/regulatorylicensing/professionalregistration](http://www.ded.state.mo.us/regulatorylicensing/professionalregistration) Click on the Regulated Professions button at left on screen and scroll down the list to this regulatory body.

**Q: I am a registered professional nurse recognized by the Board of Nursing in an advanced practice nurse clinical nursing specialty area and role. I need clarification regarding practice hours and continuing education requirements.**

**A:** If your recognition was based on having or obtaining national certification from a Board of Nursing-accepted national certifying body, you will need to contact your certifying body for clarification regarding their recertification requirements (e.g., practice hours, continuing education, etc). In order to preserve your advanced practice nurse authorities in Missouri to title and practice within your recognized clinical nursing specialty area and role, you must submit evidence of recertification on or before the expiration date which appears on your currently held Document of Recognition from the Missouri State Board of Nursing. You are urged to get your recertification application in to your certifying body at least two (2), if not three (3), months before your Document of Recognition expires.

**Q: I will be graduating soon from a master’s degree advanced practice nursing education program. Is it possible to get advanced practice nurse recognition from the Board of Nursing before I actually sit for the national certification examination?**

**A:** Yes, it is possible if you make sure your APN application is completed appropriately, with fee included, and you insure that all other required evidence actually makes its way to the Practice section of the Board office. It will be necessary for you to carefully track the movement of documents that must come to the Board office from your school (e.g., official, final transcript showing award of degree) and documents you must supply once you receive

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Practice Corner cont. from pg. 10

them from the national certifying body (e.g., copy of eligibility notice, copy of ticket authorizing ability to test, your notarized statement of specific date, time, and place of testing if exam is computerized). Materials that require a notary must be mailed to the Board office.



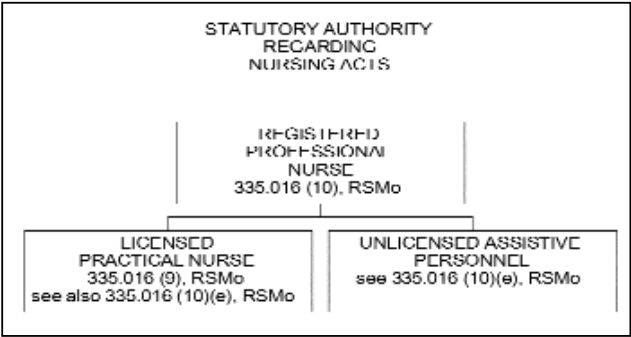
**Q: Is there a listing of other laws that may be pertinent to my practice as a licensed nurse besides the laws in Chapter 335 Nursing Practice Act?**

**A:** Yes. You may review this listing at the Board’s Web site: [www.ded.state.mo.us/regulatorylicensing/profession alregistration/nursing](http://www.ded.state.mo.us/regulatorylicensing/profession alregistration/nursing) Go to the FOCUS ON PRACTICE button, click on Differentiating Statutes from Rules, and you will find a listing of other statutes and rules of interest to nurses.



**Q: How does the Nursing Practice Act delineate the delegating, directing, and supervisory relationships among registered professional nurses, licensed practical nurses, and unlicensed assistive personnel?**

**A:** The following illustration with statute references may be assistive:



Proper supervision is defined in the rule, 4 CSR 200-5.010.



**Q: I am a registered professional nurse recognized by the Board of Nursing in an advanced practice nurse clinical nursing specialty area and role. In our practice setting, my collaborating physician and I are trying to make sure we have all document/documentation requirements of the rule, 4 CSR 200-4.200 Collaborative Practice, in order. Can you provide some guidance on this matter?**

**A:** Based on a review of the rule, 4 CSR 200-4.200 Collaborative Practice, there are documents that must be in place. These documents include, but may not be limited to, the following:

(Note: Information in parentheses refers to a particular portion of the Collaborative Practice regulation)

- Evidence of current "Document of Recognition" from MSBN
  - Defensible mutual scopes of practice between Board of nursing-recognized APN (e.g., Board of Nursing-recognized clinical nursing specialty area and role) and collaborating physician’s practice [see sections (3)(A), (3)(B), (3)(C), (3)(D), (3)(I)11]
- Written collaborative practice arrangement
  - Signed and dated by collaborating physician and APN before implementation [see section (3)(H)]
  - Evidence of reviews or revisions "as needed" [see section (3)(H)]
  - Physician designee specification [see sections (2)(B), (3)(I)9, (3)(J), (4)(A)]
  - Guidelines for consultation and referral beyond competency/"scope" [see section (3)(D)]
  - Specification of clinical conditions being treated [see section (3)(G)]
  - Process of review and management of abnormal test results delineation [see section (4)(D)]
  - No more than three (3) FTE equivalent APNs with any one (1) physician [see section (4)(C)]
  - Written protocols or standing orders if used (not required if written agreement used)
    - Some practices may use written ‘guidelines’ for some procedures (also not required)
  - Retrievable written collaborative practice arrangement: "...shall be maintained by collaborating professionals for a minimum of eight (8) years after termination..." [see section (3)(H)]
- Retrievable dispensing log for all prescription drugs (controlled and noncontrolled) dispensed [see section (3)(I)6]
  - Evidence of 72 hour dispensing for drugs unless physician present [see 4 CSR 150-5.020 Nonpharmacy Dispensing, section (2)] or drug is dispensed samples [see section (3)(I)10]
- Prescription pad [which should conform to section (3)(I)(7) of rule]
  - Includes address and telephone number of collaborating physician and APN
- Patient chart
  - Assessment, medical diagnosis, medical treatment plans, orders, prescription information, and so forth for specific visits to provider
  - Evidence of collaborating physician patient contact for new or significantly changed conditions within two (2) weeks after contact with APN when conditions are other than acute self-limited or well defined problems [see section (3)(J)]
  - Documentation of every two (2) week review of services by collaborating physician [not necessarily every record—comply with written process

developed as specified in (4)(F)] [see section (4)(B)]

- Process and documentation of review on file and maintained in collaborative practice setting [see section (4)(F)]
- Notations of consultations with collaborating physician [see sections (3)(D) and (4)(C)]
- Collaborating physician orders for specific administration, dispensing, or calling in physician prescriptions for controlled substances, followed by physician countersignature of his/her verbal or telephone order [see section (3)(I)9]



**Q: I work in a long term care facility and occasionally have questions concerning the practice of certified nurse aides (CNAs) and certified medication technicians (CMTs). Whom can I contact for clarification?**

**A:** These unlicensed assistive personnel are regulated by the Department of Health and Senior Services, Long Term Care, 573-526-5686. There is also information on unlicensed assistive personnel at the Board of Nursing’s Web site: [www.ded.state.mo.us/regulatorylicensing/profession alregistration/nursing](http://www.ded.state.mo.us/regulatorylicensing/profession alregistration/nursing) Go to the FOCUS ON PRACTICE button.



**Q: I am currently recognized by the Board of Nursing as a clinical nurse specialist within a specific clinical nursing specialty area. I have recently become certified within a nurse practitioner clinical nursing specialty area. Can this nurse practitioner information just be added on to my current recognition if I submit evidence of certification as a nurse practitioner?**

**A:** No. You will need to seek Board of Nursing recognition through completion of the Missouri State Board of Nursing’s Application for Eligibility to Practice As And Use Title Of An Advanced Practice Nurse.



**Q: Who determines my legally authorized advanced practice nurse title designation in my job and in any documents where my name appears—my employer or the Missouri State Board of Nursing?**

**A:** The Missouri State Board of Nursing’s regulation, 4 CSR 200-4.100 Advanced Practice Nurse, Section (4) Titling, specifies the legally authorized parameters concerning advanced practice nurse title designation. A copy of the "Advanced Practice Nurse Title Guidelines", which can be used by licensees and employers, can be found at the Board of Nursing’s Web site: [www.ded.state.mo.us/regulatorylicensing/profession alregistration/nursing](http://www.ded.state.mo.us/regulatorylicensing/profession alregistration/nursing) Go to the ADVANCED PRACTICE button. Title designation is also specified on the advanced practice nurse’s Document of Recognition.

# Education Corner



by Marilyn K. Nelson, RN, MA  
Education Administrator

**Missouri State Board of Nursing  
Education Committee Members:**  
Art Bante, BSA, RN, CRNA  
Teri Murray, PhD, RN, Chair  
Janet Vanderpool, MSN, RN  
Charlotte York, LPN



Nelson

Well, it's that time of the year again! This issue of the Newsletter contains the NCLEX® pass rates for all approved nursing programs in Missouri that lead to an initial nursing license. The testing period involved is July 1, 2001 through June 30, 2002. The Missouri State Board of Nursing reviewed the results at the September 4-6, 2002 meeting.

First, let me remind or inform you of what the current Minimum Standards for Approved Programs of Professional and Practical Nursing in Missouri require in regards to pass rates. The licensure examination performance of first time candidates from each nursing program must be at least 80% for each fiscal year (July 1 through June 30). The first year that a program has a less than 80% pass rate, a report identifying contributing factors and outlining a plan of action to resolve the situation must be submitted to the Board of Nursing. The second consecutive year that there is a less than 80% pass rate, the program is placed on Conditional Approval status and the program administrator appears before the Board of Nursing. A nursing program remains on Conditional Approval status until it has two consecutive years of pass rates of 80% or better.

How does Missouri rank nationally? The pass rates for Missouri first time candidates were above the national average for both the professional (RN) and practical (PN) nursing NCLEX® examinations. The national average includes the fifty states plus the District of Columbia, American Samoa, Guam, Puerto Rico and the Virgin Islands. On the NCLEX® RN, graduates of Missouri programs had a 87.11% pass rate which ranked us 20th. The

national average for RN candidates was 85.96%. Last year, Missouri ranked 23rd and the pass rate was 85.12%. On the NCLEX® PN, graduates of Missouri programs had a 90.57% pass rate (national average was 86.15%) which ranked us 25th. Last year, Missouri also ranked 25th and the pass rate was 89.64%. So that's good news.

When compared with our neighboring states of Kansas, Nebraska, Iowa, Illinois, Arkansas and Oklahoma, the rankings were the same as last year. Again Nebraska had the highest pass rates on both examinations -----91.81% for the NCLEX® RN and 94.96% for the NCLEX® PN. Missouri again had the second highest pass rate for the RN exam and the third highest for the PN exam. And, again, Iowa ranked second on the PN exam with a 93.95%. For these seven states, pass rates ranged from 81.31% to 91.81% for the NCLEX® RN and 85.40% to 94.96% for the NCLEX® PN. So...that's more good news.

Overall, pass rates improved in Missouri. On a very positive note three baccalaureate and ten practical nursing programs had pass rates of 100% for this testing period. You will find these programs listed elsewhere in this Newsletter. Three practical nursing programs have now had three consecutive years of 100% pass rates-----Cape Girardeau Career and Technology, Hannibal Public Schools and Kennett Area Vocational Technical School. Last year there were twelve programs on Conditional Approval and for July 1, 2001 through June 30, 2002, there are now only six programs with this status. Just as last year, in 2001-2002 nine programs had pass rates below 80% for the first year. Eight of those nine programs from last year had improved pass rates (above 80%) for this testing period. So all in all I find the NCLEX® results encouraging.

An interesting note is that there were fewer first-time candidates taking the NCLEX® examinations this year than last. Fifteen fewer candidates took the RN examination----1,645 candidates this testing period compared with 1,660 for the 2000-2001 period. And for the PN examination there were sixty-six fewer candidates this testing period----880 as compared to 946 for the previous (2000-2001) period. The Board has approved increase in enrollments for a few nursing programs. Some new programs are being started---a generic BSN in Springfield and practical nursing programs in the St. Louis and Kansas City areas. An established baccalaureate program is adding an accelerated BSN track in the mid-Missouri area. So, hopefully, the number of new nurses – RNs and LPNs—will be increasing and helping to alleviate the nursing shortage.

## Missouri Disaster Medical Assistance Team

There are many organizations available to volunteer your time for Disaster Preparedness. The Missouri Disaster Medical Assistance Team in the Greater St. Louis area is a volunteer service with satellites in Branson and Springfield at this time.

The Missouri Disaster Medical Assistance team is a Federal asset under the USPHS, but they respond on the state and local levels as well. They are considered your "first outside the event medical responder" for state and local disasters.

Volunteer nurses are always needed, training is provided. They have a high interest in ER, Burn/Trauma, Pediatrics, Mental Health, and ICU backgrounds but any assistance is welcome. What they need are willing nurses to respond to a disaster if needed.

*If you are interested, please contact Mark Foersterling MO-1 DMAT @ 314-622-3660 or [mfoersterling@mo1dmat.org](mailto:mfoersterling@mo1dmat.org) to become a volunteer.*



# Recognition to Current Programs with 100% Pass Rate 2001-2002

<u>Practical Nursing Programs</u>		
Cape Girardeau Career and Technology Center, 17-167 Cape Girardeau, Mo.		100%
Hannibal Public School, 17-193 Hannibal, Mo.		100%
Kennett Area Vocational Technical School, 17-169 Kennett, Mo.		100%
Moberly Area Community College, 17-161 Mexico, Mo.		100%
North Central Missouri College, 17-185 Trenton, Mo.		100%
Northland Career Center, 17-102 Platte City, Mo.		100%
Ozarks Technical Community College, 17-198 Springfield, Mo.		100%
Sanford Brown College/N. Kansas City, 17-152 North Kansas City, Mo.		100%
Sanford Brown College/St. Charles, 17-104 St. Charles, Mo.		100%
State Fair Community College, 17-182 Sedalia, Mo.		100%
<u>Baccalaureate Degree Programs</u>		
Central Missouri State University, 17-573 Warrensburg, Mo.		100%
Blessing-Rieman College of Nursing/17-504 Quincy, IL.		100%
Missouri Southern State College, 17-510 Joplin, Mo.		100%
*Fiscal Year 07/01 to 06/02		

MISSOURI APPROVED PRACTICAL NURSING PROGRAMS

NAME OF PROGRAM	Number of Classes Per Year	Approved Number of Students Per Class	07/97- 06/98	07/98- 06/99	07/99- 06/00	07/00- 06/01	07/01- 06/02	# Students tested on Fiscal Report 01-02
Applied Technology Services/West Chester-field 17-154 Chesterfield, Mo.	2	48 per class	95.7%	85.7%	78.1%	82.8%	90.0%	30
Boonslick Area Vocational Technical School 17-166 Boonville, Mo.	1	24	82.4%	82.6%	94.7%	90.0%	92.3%	13
Cass Career Center 17-129 Harrisonville, Mo.	1	24			76.5%	94.4%	94.1%	17
Cape Girardeau Career and Technology 17-167 Cape Girardeau, Mo.	1	27	100.0%	95.5%	100.0%	100.0%	100.0%	15
Columbia Public Schools 17-199 Columbia, Mo.	2	32 per class	92.6%	95.1%	85.1%	82.9%	71.4%	42
Gibson Area Vocational Technical School 17-164 Reeds Springs, Mo.	1	40	100.0%	89.5%	92.0%	85.0%	95.7%	23
Hannibal Public School 17-193 Hannibal, Mo.	1	30	100.0%	93.3%	100.0%	100.0%	100.0%	19
Hillyard Technical Center 17-189 St. Joseph, Mo.	1	35	100.0%	100.0%	95.7	96.3%	96.2%	26
Jefferson College 17-174 Hillsboro, Mo.	1	60	100.0%	97.8%	91.7%	100.0%	96.6%	29
Kennett Area Vocational Technical School 17-169 Kennett, Mo.	1	20	94.1%	82.4%	100.0%	100.0%	100.0%	13
Kirksville Area Vocational Technical School 17-186 Kirksville, Mo.	1	24	85.7%	100.0%	88.9%	77.3%	81.3%	16
Lex La-Ray Technical Center 17-105 Lexington, Mo.	1	28	85.7%	86.7%	88.2%	100.0%	90.0%	20
Mineral Area College 17-192 Park Hills, Mo.	1	32	93.8%	100.0%	94.4%	94.4%	94.7%	19
Moberly Area Community College 17-183 Moberly, Mo.	1	32	95.2%	89.5%	88.9%	85.7%	78.6%	14
Moberly Area Community College 17-161 Mexico, MO.	1	30	N/A	100.0%	87.5%	83.3%	100.0%	12
Nevada Regional Technical Center 17-187 Nevada, Mo.	1	30	95.8%	91.3%	81.8%	88.2%	80.0%	15
Nichols Career Center 17-190 Jefferson City, Mo.	1	35	95.2%	95.2%	58.3%	100.0%	86.7%	15
North Central Missouri College 17-185 Trenton, Mo.	1	65	90.0%	92.7%	80.0%	93.5%	100.0%	40
Northland Career Center 17-102 Platte City, Mo.	1	29	91.7%	91.3%	92.6%	83.3%	100.0%	17
Northwest Technical School 17-179 Maryville, Mo.	1	25	95.5%	100.0%	87.5%	90.0%	93.8%	16
Ozarks Technical Community College 17-198 Springfield, Mo.	2	31 per class	100.0%	96.3%	97.6%	91.7%	100.0%	34
Penn Valley Community College 17-157 Kansas City, Mo.	2	180 per yr.	89.8%	96.9%	76.9%	82.7%	91.7%	60
Pike/Lincoln Technical Center 17-168 Eolia, Mo.	1	25	84.6%	100.0%	88.2%	89.5%	87.5%	16
Poplar Bluff School District 17-153 Poplar Bluff, Mo.	1	24	100.0%	86.4%	90.0%	100.0%	92.9%	14
Rolla Technical Institute 17-184 Rolla, Mo.	1	32	92.3%	92.3%	92.3%	92.0%	96.2%	26
Saline County Career Center 17-175 Marshall, Mo.	1	22	83.3%	80.0%	78.9%	69.2%	71.4%	14
Sanford Brown College/Kansas City 17-152 North Kansas City, Mo.	2	65 per class	65.3%	69.4%	79.1%	87.1%	100.0%	16
Sanford Brown College/St. Charles 17-104 St. Charles, Mo.	2	50 per class	72.2%	77.5%	72.0%	95.2%	100.0%	15
School District of Joplin 17-195 Joplin, Mo.	1	27	100.0%	93.5%	100.0%	85.7%	90.9%	22
Sikeston Public Schools/Sikeston 17-188 Sikeston, Mo.	1	50	88.5%	80.8%	62.5%	92.1%	90.0%	30
Sikeston Public Schools/Hayti 17-149 Hayti, Mo.	1	20	80.0%	72.7%	60.0%	84.2%	88.9%	9
South Central Area Vocational Technical School 17-177 West Plains, Mo.	2	40	100.0%	97.1%	96.8%	100.0%	97.1%	34
St. Charles Community College 17-150 St. Peters, Mo.	1	60	100.0%	44.4%	78.6%	100.0%	75.0%	16
St. Louis College of Health Careers/Butler Hill 17-170 St. Louis, Mo.	2	30				90.1	65.5%	29

Programs cont. on pg. 15

Programs cont. from pg. 14

NAME OF PROGRAM	Number of Classes Per Year	Approved Number of Students Per Class	07/97- 06/98	07/98- 06/99	07/99- 06/00	07/00- 06/01	07/01- 06/02	# Students tested on Fiscal Report 01-02
State Fair Community College 17-182 Sedalia, Mo.	1	36	97.0%	97.1%	100.0%	96.6%	100.0%	29
Texas Technical Institute, 17-135 Houston, Mo.	1	30				100.0%	N/A	16
Tri-County Technical School 17-108 Eldon, Mo.	1	25	90.5%	88.9%	95.0%	100.0%	95.0%	20
Warrensburg Area Vocational Technical School 17- 172 Warrensburg, Mo.	1	30	95.7%	90.9%	87.0%	90.9%	89.5%	19
Washington School of Practical Nursing 17-176 Washington, Mo.	1	35	91.3%	100.0%	87.5%	88.2%	88.0%	25
Waynesville Technical Academy 17-165 Waynesville, Mo.	1	30	100.0%	96.2%	100.0%	92.6%	83.3%	24

MISSOURI APPROVED ASSOCIATE DEGREE PROGRAMS

Name of Program	Number of Classes Per Year	Approved Number of Students Per Class	07/97- 06/98	07/98- 06/99	07/99- 06/00	07/00- 06/01	07/01- 06/02	# Students tested on fiscal report of 01-02
Columbia College 17-412 Columbia, Mo.	2	32 per class	100.0%	78.9%	96.0%	100.0%	85.0%	20
Crowder College 17-410 Neosho, Mo.	2	64 per class	92.3%	91.2%	93.9%	93.5%	95.8%	24
Deaconess College of Nursing 17-415 St. Louis, Mo.	2	20 per class	82.4%	61.9%	100.0%	42.9%	75.0%	20
Deaconess College of Nursing/On-Line St. Louis, Mo.	2	100 per class	N/A	N/A	N/A	N/A	N/A	N/A
East Central College/Union 17-470 Union, Mo.	1	24	91.7%	83.3%	100.0%	93.8%	73.7%	19
East Central College/Rolla 17-426 Rolla, Mo.	1	16	92.9%	71.4%	70.0%	90.0%	85.7%	7
Fort Leonard Wood Satellite/Lincoln University 17-416 Fort Leonard Wood, Mo.	1	40	95.7%	84.6%	70.0%	84.0%	89.7%	29
Hannibal La-Grange College 17-472 Hannibal, Mo.	1	30	100.0%	100.0%	85.7%	55.6%	80.0%	10
Jefferson College 17-460 Hillsboro, Mo.	1	60	91.7%	79.3%	75.0%	88.1%	94.4%	18
Jewish College of Nursing 17-420 St. Louis, Mo.	3	150	83.5%	84.1%	79.6%	82.9%	75.3%	73
Lester L. Cox College of Nursing 17-425 Springfield, Mo.	2	60 per class	85.0%	82.1%	95.8%	92.5%	93.5%	62
Lincoln University(Jefferson City) 17-467 Jefferson City, Mo.	2	30 per class	93.9%	86.7%	94.7%	95.2%	82.4%	17
Mineral Area College 17-466 Park Hills, Mo.	1	48	84.6%	83.3%	88.2%	73.1%	88.2%	51
Moberly Area Community College 17-474 Moberly, Mo.	2	70	72.9%	86.5%	97.2%	94.1%	87.8%	49
North Central Missouri College 17-405 Trenton, Mo.	1	40	75.0%	79.1%	75.0%	89.2%	69.2%	26
Park University 17-411 Parkville, Mo.	1	40	88.6%	94.4%	92.6%	78.9%	86.7%	30
Penn Valley Community College 17-465 Kansas City, Mo.	2	120 per class	79.2%	75.5%	87.8%	89.3%	89.3%	75
Sanford Brown College/N. Kansas City 17-423 N. Kansas City, Mo.	2	48	54.6%	56.3%	63.9%	70.6%	76.2%	42
Sanford Brown College/St. Charles 17-421 St. Charles, Mo.	1	30	53.1%	70.9%	82.1%	0	87.5%	16
Southeast Missouri Hospital College of Nursing and Health Sciences 17-424 Cape Girardeau, Mo.	1	35	88.2%	100.0%	88.1%	87.5%	72.7%	33
Southwest Missouri State University 17-400 West Plains, Mo.	1	35	86.1%	79.2%	92.9%	75.0%	90.5%	21
St. Charles Community College 17-468 St. Peters, Mo.	1	120	90.0%	95.6%	92.7%	92.6%	94.6%	56
St. John's School of Nursing/SBU 17-418 Springfield, Mo	2	350 total	100.0%	94.9%	86.8%	93.5%	98.1%	54
St. Louis Community College/Flo Valley 17-464 St. Louis, Mo.	2	60	78.0%	83.7%	87.2%	63.2%	87.5%	24
St. Louis Community College/Forest Park 17-476 St. Louis, Mo.	3	55	93.9%	83.3%	91.7%	89.5%	74.2%	31

Programs cont. on pg. 16

Programs cont. from pg. 15

Name of Program	Number of Classes Per Year	Approved Number of Students Per Class	07/97-06/98	07/98-06/99	07/99-06/00	07/00-06/01	07/01-06/02	# Students tested on fiscal report of 01-02
St. Louis Community College/Meramec 17-477 St. Louis, Mo.	2	60 per class	97.1%	93.6%	95.3%	95.0%	87.9%	58
State Fair Community College 17-408 Sedalia, Mo.	2	24 August 36 January	90.7%	81.5%	88.0%	85.7%	84.6%	26
Three Rivers Community College 17-462, Poplar Bluff, Mo.	1	30	90.0%	73.7%	62.1%	80.0%	91.7%	24
Three Rivers Community College 17-437 Sikeston, MO.	1	26			66.7%	88.9%	77.3%	22

MISSOURI APPROVED DIPLOMA PROGRAMS

Name of Program	Number of Classes Per Year	Approved Number of Students Per Class	07/97-06/98	07/98-06/99	07/99-06/00	07/00-06/01	07/01-06/02	# Students tested on fiscal report of 01-02*
Lutheran Medical Center 17-392 St. Louis, Mo.	2	125 per year	95.7%	75.5%	69.4%	67.6%	92.0%	25

MISSOURI APPROVED BACCALAUREATE DEGREE NURSING PROGRAMS

Name of Program	Number of Classes Per Cal. Year	Approved Number of Students Per Class	07/97-06/98	07/98-06/99	07/99-06/00	07/00-06/01	07/01-06/02	# Students tested on fiscal report 01-02
Avila University 17-554 Kansas City, Mo.	1	50	95.8%	90.0%	83.3%	87.5%	78.9%	19
Barnes College of Nursing and Health Sciences/UMSL 17-506 St. Louis, Mo.	2	150 per class	78.9%	71.6%	87.1%	91.2%	90.9%	66
Blessing-Rieman College of Nursing/Quincy IL 17-504 Quincy, IL	1	65	85.1%	62.5%	85.7%	88.0%	100.0%	23
Central Methodist College 17-509 Fayette, Mo.	1	50	66.7%	87.5%	58.8%	69.2%	58.8%	17
Central Missouri State University 17-573 Warrensburg, Mo	2	30 per class	80.0%	88.9%	87.8%	92.0%	100.0%	27
Deaconess College of Nursing 17-500 St. Louis, Mo.	2	100	91.8%	91.5%	93.2%	89.4%	88.4%	43
Graceland University 17-508 Independence, Mo.	1	50	92.0%	86.4%	94.7%	63.3%	86.7%	30
Maryville University of St. Louis 17-501 St. Louis, Mo.	1	120	82.0%	63.6%	72.2%	84.6%	89.3%	28
Missouri Southern State College 17-510 Joplin, Mo.	1	40	100.0%	75.0%	89.7%	94.7%	100.0%	16
Missouri Western State College 17-502 St. Joseph, Mo.	2	40 per class	88.6%	88.9%	84.8%	93.0%	90.9%	55
Research College of Nursing 17-566 Kansas City, Mo.	2	125	85.5%	84.8%	77.5%	88.9%	83.3%	66
Sinclair School of Nursing at University of Missouri-Columbia 17-582 Columbia, Mo.	2	70 per class	94.3%	86.2%	88.9%	85.6%	88.3%	103
Southeast Missouri State University 17-563 Cape Girardeau, Mo.	1	50	72.1%	73.2%	78.8%	93.9%	87.2%	39
St. Louis University 17-588 St. Louis, Mo.	3	120	88.8%	86.5%	80.0%	92.5%	96.3%	80
St. Luke's College of Nursing 17-505 Kansas City, Mo.	1	65	95.8%	96.7%	88.2%	97.6%	89.5%	38
Truman State University 17-572 Kirksville, Mo.	1	65	92.0%	84.0%	82.9%	89.3%	90.0%	30
William Jewell College 17-560 Liberty, Mo.	1	60	83.9%	80.8%	90.0%	79.3%	85.7%	21

\*Fiscal Year July 1, to June 30



# International Administration of the NCLEX® Considered at NCSBN Delegate Assembly

Chicago, IL. The National Council of State Boards of Nursing (NCSBN) (www.ncsbn.org) recently approved a recommendation from its Examination Committee to proceed with negotiations for a contract amendment with its test service vendor (Pearson, plc.) for purposes of international administration of the NCLEX® examinations. At its 2002 Delegate Assembly (held in Long Beach, CA) NCSBN delegates directed the Board of Directors to use the criteria developed by the NCSBN Examination Committee to support these negotiations and to meet the following conditions before the recommendation may go into effect:

- Delineation of acceptable criteria for the selection of countries for test sites (including investigation into countries belonging to NAFTA) and a comprehensive needs assessment to determine the necessity for international testing.
- Disclosure of security measures to be utilized in international countries chosen for test centers.
- Complete fiscal analysis.
- Report to Delegate Assembly regarding these above criteria no later than August 2003 meeting. International administration NCLEX® examinations will not occur before August 1, 2004. The Examination Committee’s rationale for implementing international administration of the NCLEX® includes removing potential barriers to nurse licensure in the United States and its territories, facilitating the global self-determination of nurse employment, establishing an international presence to lead in nursing regulation and forming relationships with foreign nurse regulatory bodies. The Examination Committee noted that international testing sites must meet all current NCLEX® administration policies and procedures, including security, which is of paramount concern. NCLEX® examinations administered internationally in VUE Authorized/Pearson Professional Test Centers, after approval from the Examination Committee and

after meeting the NCLEX® contract specifications. Currently the Committee is considering international test center locations in Australia, Canada, France, Germany, Japan, the United Kingdom and the Netherlands.

International administration of the NCLEX® will not contradict or circumvent any current state or territorial licensure processes or requirements, and is intended for use by state and territorial boards of nursing for use in domestic licensure decisions regarding foreign-educated nurses. Candidate examination fees for international test-takers will be set to reflect the costs of examination administration in the specific international jurisdiction. NCLEX® candidate fees for examinations administered in current states and territories will not be increased to subsidize any additional costs of international NCLEX® administration.

In addition to the international testing recommendations, the Delegate Assembly directed NCSBN to begin discussions with the U.S. Immigration and Naturalization Service, Social Security Administration, and other relevant federal agencies to facilitate obtaining Social Security Numbers for nursing applicants who meet all qualifications for domestic licensure. Foreign-educated nurses seeking employment in the United States sometimes find it difficult to obtain social security numbers for those jurisdictions who require it for nurse licensure.

*NCSBN is the organization through which the boards of nursing act and counsel together on matters of common interest and concern affecting public health, safety and welfare, which includes the development of licensure examinations for nursing.*

*The mission of the National Council of State Boards of Nursing is to lead in nursing regulation by assisting Member Boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting public health and welfare.*



## RN/LPN Immediate Employment

Little Sisters Nursing Home is seeking P/T Nurses for a variety of shifts. We offer competitive wages & excellent working environment. Apply 8745 James A Reed Rd., Kansas City, Missouri & See why this is one job opportunity you do not want to miss!

## Interview when you apply



# Summary of Actions

## September 2002 Board Meeting

### Administrative Matters

The Board announced the selection of Lori Scheidt to the position of Executive Director.

Board Member, Janet Anderson, MBA, RN, announced her resignation effective immediately. Janet’s contributions to the Board will be missed and we wish her well in all her future endeavors.

New Board Member, Janet Vanderpool, was welcomed to the Board. Janet was appointed by Governor Holden for a term effective from July 31, 2002 through June 1, 2005.

### Education Matters

**Changes in Curriculum** – The following schools requested and were approved for changes in curriculum:

- Sinclair School of Nursing at University of Missouri-Columbia BSN Program #17-582
- Maryville University of St. Louis, BSN Program #17-501

### Student Enrollment Increases

- St. John’s School of Nursing at Southwest Baptist University, PN Program #17-418 request to increase enrollment to 60-70 per class with maximum enrollment being 350 was approved.

**New Programs:** The following schools presented proposals to establish new programs to the Board.

- Southwest Missouri State University, Springfield (proposal to establish a four-year generic BSN program at SMSU was approved pending initial site visit).
- Applied Technology Services, West County (proposal to establish a PN Program as an additional site at MET Center, Inc., St. Louis, MO was approved pending initial site visit).

**Conditional Approval:** Deaconess College of Nursing ADN Program #17-415 was placed on Conditional Approval due to second year with pass rates below 80%.

### Discipline Matters

The Board held 1 disciplinary hearing and 6 violation hearings.

The Discipline Committee reviewed 172 RN cases, 129 PN cases, 8 Litigation items and 121 disciplined licensee-meeting reports.

### Licensure Matters

The Licensure committee reviewed 35 applications. Results of reviews as follows:

Requests for exam modifications denied – 1

Applications approved – 24

Applications denied – 5

Review of applications tabled – 2

Applications approved with probated licenses – 3

**Practice**

The Practice Committee reviewed 4 scope of practice clarification requests.

## Missouri Disaster Medical Assistance Team

There are many organizations available to volunteer your time for Disaster Preparedness. The Missouri Disaster Medical Assistance Team in the Greater St. Louis area is a volunteer service with satellites in Branson and Springfield at this time.

The Missouri Disaster Medical Assistance team is a Federal asset under the USPHS, but they respond on the state and local levels as well. They are considered your "first outside the event medical responder" for state and local disasters.

Volunteer nurses are always needed, training is provided. They have a high interest in ER, Burn/Trauma, Pediatrics, Mental Health, and ICU backgrounds but any assistance is welcome. What they need are willing nurses to respond to a disaster if needed.

*If you are interested, please contact Mark Foersterling MO-1 DMAT @ 314-622-3660 or [mfoersterling@molmdat.org](mailto:mfoersterling@molmdat.org) to become a volunteer.*

DISCIPLINARY ACTIONS\*\*

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

\*\*Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

Name	License Number	Violation	Effective Date of Restricted License
ROBERT L. DUNCAN CHILLICOTHE, MO	PN 2002023191	<b>Section 335.066.1 and .2 (1) (2) RSMo</b> On 4/14/98, Licensee pled guilty to driving while intoxicated. On 3/23/99, entered into a plea agreement whereby he pled guilty to driving while intoxicated. On 9/6/00, pled guilty to driving while intoxicated.	9/17/02 to 9/17/07
FRANCES V. KAMINSKI SHAWNEE MISSION, KS	RN 2002022718	<b>Section 335.066.1 and .2 (1) RSMo</b> Licensee began abusing alcohol in 1988, began attending AA in 8/01 followed by a relapse in 3/02 and subsequently completed treatment in 7/02.	9/16/02 to 9/16/05
MARY E. KELLOGG SHAWNEE MISSION, KS	RN 118977	<b>Section 335.066.1 and .2 (1) (2) RSMo</b> Licensee pled guilty on 9/14/99 to arson in the state of Florida. In 5/00, Licensee violated her probation which was reinstated with a special condition that she undergo a drug evaluation. On 7/18/00, Licensee was found to be chemically dependent as a result of crack cocaine and alcohol use and has complied with treatment recommendations.	9/9/02 to 9/9/04
REBECCA J. MEYER WINFIELD, KS	RN 126393	<b>Section 335.066.1 and .2 (1) (2) RSMo</b> On 1/18/00 and 4/24/01, Licensee pled guilty to driving while intoxicated.	6/14/02 and continues until licensee is successfully discharged from Kansas Nurses Assistance Program (not to exceed 5 years)

CENSURED LIST			
Name	License Number	Violation	Effective Date of Censured License
LAURA J. BAUER ST. JAMES, MO	RN 138769	Section 335.066.2 (5) (12) RSMo On 10/5/99, Licensee administered medications without a physician’s order.	8/28/02
ROBERT C. BELT WARRENTON, MO	PN 056865	Section 335.066.2 (5) (12) RSMo Licensee did not initiate resuscitation for a patient but called 911 and waited for the paramedics to arrive. The patient had a full code status but Licensee assumed that the patient was a "no code."	7/23/02
SHELIA M. BIFFORD KANSAS CITY, MO	RN 103778	Section 335.066.2 (5) (12) RSMo In 5/01, Licensee administered one injection of Vitamin B-12 to a co-worker and requested and received an injection of Vitamin B-12 from a co-worker; both instances were without a valid prescription or physician authorization.	8/16/02
SHARON R. CREWS INDEPENDENCE, MO	RN 152791	Section 335.066.2 (5) (12) RSMo In 5/01, Licensee administered one injection of Vitamin B-12 to two co-workers without a valid prescription or physician authorization.	8/16/02
LUCINDA J. DAVIS MALDEN, MO	PN 058941	Section 335.066.2 (1) (14) RSMo Licensee admitted that on or about 7/6/01 she smoked Marijuana. On 7/20/01, Licensee tested positive for Marijuana.	8/9/02
NASHIKA M. DAVIS ST. LOUIS, MO	PN 2000168532	Section 335.066.2 (5) (12) RSMo Licensee abandoned her shift without giving notification to the facility.	10/1/02
DEBRA S. EATON RICHMOND, MO	PN 050024	Section 335.066.2 (5) (12) RSMo On 3/1/00, a resident became combative and received skin tears on both arms while care was being provided to the resident by Licensee's family member who was also an employee of the facility. Licensee documented and gave the change of shift report indicating that she and her family member were down the hall when they heard a noise and found that the resident had fallen out of bed and received skin tears from the fall.	7/4/02
SUSAN E. EDWARDS TIPTON, MO	PN 054646	Section 335.066.2 (5) (12) RSMo On 9/17/01, Licensee, while employed by a staffing agency, was on duty at a long term care facility where Licensee was responsible for the re-admission and administration of scheduled medications. Licensee failed to document the patient's medications in his chart which included 4 medication changes, failed to complete a nursing assessment, and failed to order from the pharmacy or administer any medications to the patient.	6/21/02
MICHAEL J. GHAFoori LAKE ST LOUIS, MO	RN 151142	Section 335.066.2 (5) (12) (15) RSMo On 3/20/99, Licensee, while assisting another nurse in the transfer of a physically and verbally resistive patient to the patient's bed, picked up a water pitcher and threw water onto the patient's chest and abdomen. On 9/29/99, as a result of this incident, Licensee was placed on the Employee Disqualification List by the Missouri Department of Social Services for 18 months.	5/15/02
CARRIE LYNN GIANINO ST. LOUIS, MO	PN 058900	Section 335.066.2 (1) (14) RSMo On 6/14/00, Licensee unlawfully possessed and consumed Marijuana. On 6/14/00, Licensee tested positive for Marijuana.	6/5/02
NANCY J. HEBERT O'FALLON, MO	PN 032219	Section 335.066.2 (5) (6) (12) RSMo Practiced nursing on a lapsed license from 6/1/00 to 9/10/01.	9/10/02
JOHN V. HOPKINS CALHOUN, MO	RN 150139	Section 335.066.2 (5) (12) RSMo On 12/20/00 and 12/21/00, Licensee failed to properly administer a dose of Vasotec to a patient. On 12/24/00, Licensee returned to work and falsely signed off as having administered the Vasotec that he had actually failed to administer.	6/6/02
KATHLEEN D. JARVIS KANSAS CITY, MO	RN 142824	Section 335.066.2 (2) RSMo On 6/6/01, Licensee entered a plea of no contest to attempted solicitation of a child.	5/21/02
JENNIFER S. JOERLING WENTZVILLE, MO	PN 050294	Section 335.066.2 (5) (6) (12) RSMo Practiced nursing on a lapsed license from 6/1/00 to 10/15/01.	9/10/02



Censured cont. from pg. 20

CENSURED LIST

Name	License Number	Violation	Effective Date of Censured License
CELESTE J. MICHELSON KANSAS CITY, MO	RN 101826	<b>Section 335.066.2 (5) (12) RSMo</b> On 10/25/01, when beginning an in-home care assignment, Licensee learned that the patient's physician orders had become separated from the rest of the patient's information. Rather than attempting to locate the orders prior to the administration of medication, Licensee filled the patient's pillbox based on what the patient told Licensee. This alleged conduct resulted in eight (8) medication errors as well as failure to draw blood during the first visit to the patient.	7/4/02
KRISHA K. NIBLE KANSAS CITY, MO	PN 056915	<b>Section 335.066.2 (5) (6) (12) RSMo</b> Practiced nursing on a lapsed license from 6/1/00 to 11/14/01.	8/28/02
KELLY LEE PEARCE ST. LOUIS, MO	RN 2000163766	<b>Section 335.066.2 (5) (6) (12) (14) RSMo</b> On 9/17/01 and 9/18/01, while working a 12 hour shift, Licensee wrote orders for and dispensed Fentanyl and Versed which he administered to a patient without physician authorization.	7/25/02
SARA A. RAFTERY KIRKWOOD, MO	RN 137905	<b>Section 335.066.2 (5) (6) (12) RSMo</b> Practiced nursing on a lapsed license from 5/1/99 to 4/3/01.	6/27/02
MARCIA A SCHLOTMAN WELLINTON, MO	RN 058582	<b>Section 335.066.2 (5) (6) (12) RSMo</b> On 5/2/02, Licensee, a certified nurse midwife, ordered another nurse to administer Sufenta to a patient without physician authorization. The patient went into immediate cardiac arrest.	5/30/02
IRA M. TAYLOR ST. LOUIS, MO	PN 058483	<b>Section 335.066.2 (5) (12) RSMo</b> On 7/30/00, Licensee administered another patient's intravenous fluids to a patient. On 7/30/02, Licensee was instructed to administer the 2 pm medications and to notify his supervisor when he had completed this duty so that a post-craniotomy patient could receive additional IV push medication. Licensee went off duty without notifying the supervisor.	6/18/02
TAMMY L. TURNER HALLSVILLE, MO	PN 050033	<b>Section 335.066.2 (5) (6) (12) RSMo</b> Licensee set up and administered intravenous fluid treatments to patients on more than one occasion. Licensee was not IV certified by the Board.	6/12/02
TERRANCE L. WEILER CLARKSBURG, MO	PN 032675	<b>Section 335.066.2 (5) (12) RSMo</b> On 1/14/99, Licensee was assigned to provide home health care for a patient registered for diabetic nail care. Licensee, who was not authorized to provide the patient with medication set up, improperly filled the patient's medication planner and provided the patient with the wrong types and quantities of medications that the patient had previously had prescriptions for. However, the patient had recently received new prescription orders from her physician.	5/17/02
ANNE WILLIAMS BENTON, IL	RN 1999140135	<b>Section 335.066.2 (5) (12) RSMo</b> In the fall of 2000, Licensee, while in her clinical hours in a Master's of Nursing program, removed three prescription blanks that had been presigned by a physician. Licensee forged three prescriptions and presented them for filling.	9/5/02
JEFFREY ALLEN WINN ST. LOUIS, MO	PN 2000159012	<b>Section 335.066.2 (5) (12) RSMo</b> On 1/11/01, Licensee did not assess a patient's injuries in a timely manner, failed to notify the RN on duty or the staff physician and failed to document the assessment.	8/16/02
VIRGINA J. WRY OVERLAND PARK, KS	RN 104764	<b>Section 335.066.2 (5) (6) (12) RSMo</b> Practiced nursing on a lapsed license from 5/1/99 to 5/17/01.	6/12/02

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
LORETTA A. APPLGATE SPRINGFIELD, MO	PN 042813	<b>Section 335.066.2 (1) (14) RSMo</b> On 4/30/01, Licensee unlawfully possessed and consumed Marijuana. On 4/30/01, Licensee test- ed positive for Marijuana.	7/9/02 to 7/9/04
GERTRUDE E. BAKER-TAYLOR VALLEY PARK, MO	RN 136622	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> Licensee misappropriated 8 tablets of pain relief medication which included Vicodin and Percocet between 12/31/99 and 1/1/00. In August 2001, Licensee began misappropriating Demerol for personal consumption.	7/25/02 to 7/25/06
JODI A. BECKER ARNOLD, MO	RN 142895	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> On 7/17/01, Licensee exhibited a changed demeanor and failed to document two withdrawals, administration and /or wastage of Morphine and Demerol. On 7/19/02, Licensee submitted to a urine drug screen which was positive for Amphetamines and Methamphetamines. Licensee entered the EAP but did not complete the program and was subsequently terminated from the hospital on 8/31/01. On 10/4/01, at another facility, Licensee failed to document the withdraw- al, administration and/or wastage of three doses of Demerol and one dose of Compazine.	7/27/02 to 7/27/05
SANDRA A. BENNETT POTTERSVILLE, MO	PN 056414	<b>Section 335.066.2 (1) (12) (14) RSMo</b> On 11/6/00, Licensee unlawfully possessed and consumed substances containing Amphetamines and Cocaine. Licensee tested positive for presence of Amphetamines and Cocaine.	5/24/02 to 5/24/04
JENNIFER R. BISHOP HIGHLANDVILLE, MO	PN 044837	<b>Section 335.066.2 (5) (6) (12) RSMo</b> Practiced nursing on a lapsed license from 6/1/98 to 6/14/01.	6/5/02 to 6/5/03 or until CEU's complete
LAURIE A. BURNETT GRANITE CITY, IL	RN 103192	<b>Section 335.066.2 (1) (2) (14) RSMo</b> On 1/21/00, Licensee pled guilty to a DWI. As part of her sentence the licensee, attended a treat- ment program on 2/4/00 indicating she had been treated for alcohol abuse 5 times and drug abuse 2 times.	8/22/02 to 8/22/06
DAREN K. CARTWRIGHT BELTON, MO	PN 058009	<b>Section 335.066.2 (5) (12) RSMo</b> On 10/30/00, Licensee found a resident lying in soiled clothes and linens, the resident would not cooperate with being cleaned. When resident refused to cooperate, Licensee placed a fan in the window which blew cold air on the resident and pulled off the resident's covers making her cold enough to get out of bed.	8/8/02 to 8/8/03
JEANNE M. CRADER ST. PETERS, MO	RN 128330	<b>Section 335.066.2 (1) (5) (12) RSMo</b> In 6/2000, Licensee began abusing her prescriptions for Darvocet and Vicodin resulting in her employer placing her on mandatory leave to seek treatment.	7/4/02 to 7/4/05
SHEILA K. GEORGE BLOOMFIELD, MO	RN 147612	<b>Section 335.066.2 (2) RSMo</b> On 6/13/01, Licensee pled guilty to driving while intoxicated. On 3/21/02, Licensee received a citation for operating a motor vehicle while in an intoxicated condition.	8/19/02 to 8/19/04
DENISE L. GRAVES ST. CHARLES, MO	RN 124599	<b>Section 335.066.2 (1) (2) (5) (12) (14) RSMo</b> On 12/21/00, Licensee misappropriated 10 vials of Demerol for personal consumption by trans- ferring the Demerol to another container and filling the vials with normal saline. As a result, on 7/3/01, Licensee pled guilty to felony possession of a controlled substance.	7/18/02 to 7/18/07

Probation List cont. from pg. 22

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
CHERYL H. GRUBBS CHATTANOOGA, TN	RN 123073	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> In April 2000, Licensee began misappropriating Lortab, Tussionex, and Meperidine on an ongoing basis from the facility for a relative.	7/10/02 to 7/10/06
KATHY J. HALLAM NEVADA, MO	PN 054663	Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation.	8/9/02 to 8/9/05
JEFFREY L. HANNAH NIXA, MO	RN 112939	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> From June 2001 to July 5, 2001, Licensee misappropriated Demerol and Morphine on more than one occasion for his personal consumption.	9/13/02 to 9/13/05
CHRISTINE M. HERR ST. LOUIS, MO	RN 131461	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> During the summer of 2001, Licensee misappropriated Vicodin for personal consumption. On 1/14/02, Licensee misappropriated a 150mg ampule of Demerol for personal consumption.	8/9/02 to 8/9/05
JAYDA HOLLAND COLUMBIA, MO	PN 056111	<b>Section 335.066.2 (2) RSMo</b> On 11/21/00, Licensee entered a plea of guilty to felony attempted theft.	9/5/02 to 9/5/03
KATHIE M. HOSS STEELVILLE, MO	RN 096330	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> In 1996, Licensee unlawfully possessed and consumed Cocaine. In March 2001, Licensee unlawfully possessed and consumed Methamphetamine.	9/5/02 to 9/5/07
LAUREL J. HUEBNER EL DORADO SPRING, MO	RN 151087	<b>Section 335.066.2 (1) (12) (14) RSMo</b> On or about 6/13/01, Licensee unlawfully possessed and consumed Marijuana. On or about 6/13/01, Licensee tested positive for the presence of Marijuana.	5/22/02 to 5/22/04
DAVID S. ILGES ST. PETERS, MO	RN 124213	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> Between 12/20/00 and 2/15/01, Licensee misappropriated Morphine, Dilaudid, and Demerol for personal consumption on more than one occasion by removing the medication vials from the pyxis, replacing the medication with saline and then placing the saline filled vials back in the pyxis system.	7/4/02 to 7/4/05
SUZANNE D. JEZIORSKI O'FALLON, MO	RN 085809	Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation. On 2/10/02, Licensee misappropriated 30 tablets of 5mg Oxyir for personal use which is in violation of <b>Section 335.066.2 (1) (5) (12) (14) RSMo.</b>	8/9/02 to 8/9/06
PATRICIA Y. JONES INDEPENDENCE, MO	PN 053581	<b>Section 335.066.2 (5) (12) RSMo</b> On 5/28/00 Licensee signed out Vicodin to administer to a resident who was not present at the facility and then failed to have a co-signature for wastage.	7/26/02 to 7/26/05

Probation List cont. on pg. 24

Probation List cont. from pg. 23

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
JULIANN KAVITSKI ST LOUIS, MO	RN 141856	<b>Section 335.066.2 (5) (12) RSMo</b> In 2000, as a nurse practitioner student, Licensee was required to maintain a personal log for her clinical hours. On 4 occasions, Licensee listed at least one patient in her log that she did not personally see but only reviewed the patient's chart.	5/31/02 to 5/31/05
EDNA L. MAGGARD-ISON KING CITY, MO	RN 141564	<b>Section 335.066.2 (2) RSMo</b> On 4/27/00, Licensee entered a plea of guilty to knowingly and intentionally possessing pseudoephedrine, knowing and having reasonable cause to believe that the pseudoephedrine would be used to manufacture methamphetamine, a controlled substance.	7/3/02 to 7/3/04
THOMAS L. MILLER BLUE SPRINGS, MO	RN 072948	<b>Section 335.066.2 (6) RSMo</b> From approximately June 1997 through October 1997, Licensee titled and represented himself as an advanced practice nurse practitioner without being recognized by the Board of Nursing as an advanced practice nurse practitioner and prescribed and dispensed Phentermine and Fenfluramine to clients on more than one occasion without physician authorization, supervision and/or written co-signature by the physician.	6/25/02 to 6/25/04
OLIVIA M. MOSES FARMINGTON, MO	PN 058025	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> During May 2001, while on duty, Licensee misappropriated Norco, Vicodin, and Lorcet Plus on more than one occasion for personal consumption.	7/24/02 to 7/24/05
CLAUDIA J. MYERS CLARENCE, MO	RN 140421 PN 042229	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> In April 1996, Licensee admitted to misappropriating Lortab and abusing alcohol. In September 2000, Licensee misappropriated Demerol for personal consumption.	9/14/02 to 9/14/05
GARNAE L. NAGHAVI KANSAS CITY, MO	RN 127247	<b>Section 335.066.2 (5) (12) RSMo</b> On 4/17/99, while providing care to a patient who was being abusive and insulting, Licensee lost her temper, reached out her hands to cover the patient's mouth. As Licensee did so, the patient turned his face away and Licensee's acrylic fingernails scratched the patient's cheek in 3 places, drawing blood.	6/19/02 to 6/19/05
CYNTHIA S. PETSCH DESOTO, MO	PN 057682	<b>Section 335.066.2 (5) (12) RSMo</b> On 4/10/01, Licensee administered a Vitamin K injection to a patient without a physician's order and failed to document that the Vitamin K was administered to the patient.	9/14/02 to 9/14/03 or until CEU requirement is complete
THOMAS R. PIGG WINFIELD, MO	RN 134664	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> Between January 2000 and April 2000, Licensee misappropriated Vistaril, Morphine, Dilaudid, Tylenol with Codeine, Darvocet, Valium, and Demerol on more than one occasion for personal consumption. In October 2001, Licensee misappropriated Ativan on more than one occasion for personal consumption.	8/22/02 to 8/22/05
MATTHEW C. SERVEY COLUMBIA, MO	RN 146975	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> Beginning in January 2000 through August 2000, Licensee misappropriated Demerol, Morphine, Tylenol #3, and other narcotics from the facility while on duty for his personal consumption.	8/6/02 to 8/6/05
RICHARD D. SKINNER ST LOUIS, MO	RN 153101	<b>Section 335.066.2 (5) (12) RSMo</b> In 12/00, on five occasions Licensee failed to follow hospital policies and procedures in the administration of Demerol.	5/17/02 to 5/17/05

Probation List cont. on pg. 25



Probation List cont. from pg. 24

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
RUBY J. SLEDGE ST. ANN, MO	PN 034037	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> On 3/29/00 and 9/27/00, Licensee unlawfully possessed and consumed Marijuana. On 3/29/00, Licensee tested positive for Marijuana.	5/28/02 to 5/28/04
CONNIE T. SMITH SEDALIA, MO	RN149744 PN054577	<b>Section 335.066.2 (5) (12) RSMo</b> Between 10/4/00 and 10/29/00, Licensee engaged in the following behaviors: prepared to administer Glucophage without notifying the physician; administered Coumadin without reviewing lab results or notifying the physician; discharged a heart cath patient without physician orders; administered 12.5 mg of Toprol XL 50 mg but documented 0.125 mg of Toprol XL 50 mg.; failed to assess or document neuro checks from 1100 to 2000, ordered every 2-4 hrs, did not administer blood in a timely manner; failed to order a CT of the abdomen for a patient as ordered; failed to administer oxygen to a patient and obtain blood gases as ordered.	8/26/02 to 8/26/03 or until CEU requirement has been completed.
TERESA R. TOMLINSON JOPLIN, MO	RN 117260	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> Between May 1998 and May 1999, Licensee misappropriated narcotics, including Demerol for personal consumption.	10/2/02 to 10/2/04
MYI TRICE FERGUSON, MO	PN 051061	<b>Section 335.066.2 (5) (12) RSMo</b> On 5/27/99 and 6/1/99, Licensee failed to follow through on physician orders and did not accurately document all assessments and treatments provided to her assigned patients.	9/5/02 to 9/5/03
MARSHA D. TYES ST JOSEPH, MO	PN 048651	Violated Missouri State Board of Nursing Agreement by not submitting any of the required continuing education documentation.	5/31/02 to 5/31/03; or until CEUS are completed
CAROL S. VIEHMANN WARRENTON, MO	RN 067123	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> Licensee misappropriated Demerol on more than one occasion for personal consumption.	8/22/02 to 8/22/05
ALVIN T. WALKER ST. PETERS, MO	PN 044721	<b>Section 335.066.2 (1) (12) (14) RSMo</b> From March 2000 through August 2000, Licensee unlawfully possessed and consumed Marijuana and consumed excessive amounts of alcohol after his shifts and on days off.	6/6/02 to 6/6/04
BECKY JO WHITFORD ROLLA, MO	PN 1999135744	<b>Section 335.066.2 (5) (12) RSMo</b> On 6/23/00, Licensee falsified patient records by charting that she had performed heart and lung assessments when she had not.	7/3/02 to 7/3/03 or until CEU requirement has been completed.
CONNIE L. WILLIAMS SALEM, MO	RN 096353	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> Beginning in late 1998, Licensee began misappropriating Demerol on an ongoing basis until her termination in 11/00. While employed at another facility, Licensee misappropriated Demerol from 12/00 through 7/01.	7/23/02 to 7/23/05
BECKY B. WOHLDMANN ST CHARLES, MO	RN 096536	Violated Missouri State Board of Nursing Agreement, when on 3/30/01 Licensee consumed a bottle of vodka.	5/31/02 to 3/31/04

SUSPENSION/PROBATION LIST

Name	License Number	Violation	Effective Date of Suspension	Effective Date of Probation
MARY K. FRYMIRE MARQUAND, MO	PN 052081	<b>Section 335.066.2 (1) (2) (5) (12) (14) RSMo</b> On 7/2/01, Licensee misappropriated 30ml of Oxyfast for her personal use. On 10/15/01, Licensee misappropriated 54 (10mg) Oxycontin tablets and 30 Roxicodone tablets for personal use. Licensee misappropriated multiple narcotics including Lorcet, Vicoprofe, and Oxycontin for personal consumption. On 12/12/01, Licensee pled guilty to felony possession of a controlled substance and felony tampering with physical evidence.	9/13/02 to 3/13/03	3/13/03 3/13/08
DENISE R. PHILLIPS DESOTO, MO	RN 123935	<b>Section 335.066.2 (2) RSMo</b> On 8/10/01, Licensee pled guilty to driving while intoxicated, third offense persistent offender, and possession of a controlled substance.	5/29/02 to 5/29/03	5/29/03 5/29/07
TRACEY L. TUSING FLORISSANT, MO	RN 124050	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> On 9/6/00, Licensee misappropriated Percocet for personal consumption. On 9/6/00, tested positive for Percocet. Additionally, Licensee violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation.	5/31/02 to 5/31/03	5/31/03 5/31/06

REVOCATION LIST

Name	License Number	Violation	Effective Date of Revocation
MAUREEN E. BENEDICT ST JOSEPH, MO	PN 044657	Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation.	5/31/02
MARY D. BLEDSOE KANSAS CITY, MO	PN 029237	<b>Section 335.066.2 (1) (2) (5) (12) RSMo</b> On 8/10/99, Licensee admitted to her employer she had an alcohol dependency problem which resulted in several medication errors. On 11/19/99, Licensee consumed alcohol; on 11/20/99, after being assigned to keep watch over a patient, fell asleep with a strong odor of alcohol on her breath. On 11/21/99, Licensee was no call, no show for work and subsequently resigned 12/1/99. Licensee pled guilty to the following: DWI and DUI on 5/11/00; assaulting a police officer on 12/14/00; probation revoked on 2/7/01; misdemeanor assault of her spouse 3/29/01	8/21/02
JENNIFER A. CARTRIGHT CARTHAGE, MO	PN 056834	<b>Section 335.066.2 (1) (5) (12) (14) RSMo</b> After being hired 3/11/99, Licensee misappropriated Morphine, Demerol and Roxanol from the facility. On 6/24/02, Licensee submitted a urine drug screen which was positive for the presence of Cannabinoids and Barbituates. In 9/99, at another facility, Licensee falsified records in order to have residents sign checks for non-existent charges after which Licensee would endorse the checks and misappropriate the funds. During this time period, Licensee misappropriated Oxycontin and Vicodin.	8/1/02
BARBARA A. GILMORE KANSAS CITY, MO	PN 056891	Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation. In the Spring of 2001, Licensee unlawfully possessed and consumed Cocaine on more than one occasion. In the Spring of 2001and in August 2001, Licensee consumed alcohol on more than one occasion. These actions are in violation of section 335.066.2 (1) (14) RSMo and the Missouri State Board of Nursing Agreement.	6/27/02
KAREN J. HANSEN SPRINGFIELD, MO	RN 125797	Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation. On 3/8/01, Licensee was convicted of felony child endangerment which is in violation of section 335.066.2 (2) RSMo.	8/9/02
JENNIFER L. HEMRICK KERRVILLE, TX	RN 145958	Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation.	8/9/02
SHERRY L. PETERSON WEST PLAINS, MO	PN 2000153176	Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation.	8/9/02
TRAVIS L. PRITCHARD TIPTON, MO	PN 043709	<b>Section 335.066.2 (2) RSMo</b> On 10/1/01, Licensee pled guilty to second degree robbery. On 11/5/01, Licensee pled guilty to second degree attempted robbery.	6/27/02
ANGEL L. SULLENTROP NEWBERG, MO	PN 2000146057	Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation.	8/9/02

VOLUNTARY SURRENDER LIST

Name	License Number	Effective Date
CAROL J. CROCKER FARMINGTON, MO	RN 146064 PN 045329	7/24/02
ALLISON JILL DELEHANTY BETHALTO, IL	RN 2000167474	6/15/02
LISA K. DIMIRSKY NIXA, MO	RN 122329	9/17/02
JULIE L. ELLIS GRANDVIEW, MO	RN 147406	9/17/02
PAULINE K. KLEMM EXCELSIOR SPRINGS, MO	PN 032314	6/7/02
PAMELA J. LOWREY FERGUSON, MO	RN 114979	6/24/02
MARTHA D. MORELAND ROLLA, MO	RN 128305	9/17/02
PAM G. PEARRE JEFFERSON CITY, MO	RN 082718	8/9/02
KEVIN A ROWLAND BRAYMER, MO	RN 146967	7/3/02
KATHLEEN VANSAGHI-TURNER BONNE TERRE, MO	RN 033864	9/9/02
*Surrender is not considered a disciplinary action under current statutes.		

SCHEDULE OF BOARD MEETING DATES THROUGH 2003

December 3-5, 2002  
March 5-7, 2003  
June 4-6, 2003  
September 10-12, 2003  
December 3-5, 2003

All meetings will be held at the Harry S Truman State Office Building, 301 West High Street in Jefferson City, Missouri. Photo ID is required.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Dates, times and locations are subject to change. Please contact the Board office for current information.

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI

As of November 7, 2002

Profession	Number
Licensed Practical Nurse	21,410
Registered Professional Nurse	75,991
Total	97,401



DID YOU CHANGE YOUR NAME?

DID YOU CHANGE YOUR ADDRESS?

DID YOU NOTIFY THE MISSOURI BOARD OF NURSING?

4 CSR 200-4.020 (15)(b) (1) says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing.....” and (2) “If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change....”  
Note: Change of address forms submitted to the post office will not ensure a change of address with the Board office. Please use this form or the contact information below to notify the Board office directly of any changes.

NAME AND ADDRESS CHANGE NOTICE

1. Is this an address change? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Is this a name change? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> RN <input type="checkbox"/> LPN		Missouri License Number	
OLD INFORMATION (please print):			
First Name		Last Name	
Address :			
City		State	Zip Code
NEW INFORMATION (please print)			
First Name		Last Name	
Address (if your address is a PO Box , you must also provide a street address):			
City		State	Zip Code
Telephone Number			
Please provide signature:			

**Duplicate license instructions:**  
It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure (the wallet size card and wall hanging document), and the required fee of \$15 for processing a duplicate license.  
Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

**Is Your License Lost or Has It Been Stolen?**  
If you would like to obtain a duplicate license because your license has been lost or stolen, please contact our office. Request an Affidavit for Duplicate License form or you may obtain it from the LICENSURE INFO/FORMS tab on the web site at [www.ecodev.state.mo.us/pr/nursing](http://www.ecodev.state.mo.us/pr/nursing).

**You may contact our office in one the following manners:**

- Internet E-mail: [nursing@mail.state.mo.us](mailto:nursing@mail.state.mo.us) (address changes only)
- Fax: 573-751-6745 or 573-751-0075
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102
- Telephone: 573-751-0681 (address changes only)



